
Atlantic Montessori Charter Schools

#5029 & #5164
2550 South Flamingo Road
Davie, FL 33325
954-423-9704



Charter School

**REGISTRATION PACKET
2026-2027**



This page marks the beginning of the registration packet.

CHECKLIST

To assist with the enrollment process for your child, we have the checklist below to guide you. Mark each box if the item is included in your packet. Please return the completed registration packet and all documents to the front office. Once we have processed all required paperwork, and if we have available openings, we will contact you to sign the acceptance letter within 3 to 5 business days.

Please return this checklist with your packet.

Submit the following completed documents:

- ☐ Application (front & back)
- ☐ Student/Parent Agreement
- ☐ Student Records Request
- ☐ Proof of residence: 2 forms
- ☐ White and Yellow medical forms (Originals)
- ☐ Birth Certificate
- ☐ Report card/ FSA Scores



How Did you hear about?

- ☐ School website
- ☐ Email notification
- ☐ Social media post
- ☐ Friend or family member
- ☐ School newsletter
- ☐ Other _____

Como te enterastes de nosotros?

- ☐ Sitio web de la escuela
- ☐ Notificación por correo electrónico
- ☐ Publicación en redes sociales
- ☐ Amigo o familiar
- ☐ Boletín escolar
- ☐ Otro _____



Parent /Guardian Agreement

I recognize the importance of high academic standards to all stakeholders. I recognize my responsibility to help AMCS enforce and enhance the educational process for all students.

I agree to:

1. Fulfill my volunteer commitment of 30 hours per student.
2. Actively support the school-wide change of color discipline chart.
3. Monitor my students' schoolwork and homework regularly.
4. Maintain a suitable work environment at home with proper material available.
5. Maintain regular communication with teachers and administration.
6. Insist that my students arrive on time to school every day.
7. Enforce and support school wide dress code/uniform policies.

Parent Signature: _____

I recognize the importance of high academic standards to all stakeholders. I recognize my responsibility to help AMCS enforce and enhance the educational process for myself and all students.

I agree to:

1. Consistently obey all rules of conduct without exception and insist that my classmates do as well.
2. Treat administration, teacher, students, parents, and staff at AMCS with respect.
3. Communicate with my parent/guardian regularly about my work and share my work and assignments with them.
4. Participate in AMCS's academic and social programs to the best of my ability.
5. Always follow up on all assignments, complete homework on time, and meet deadlines.

Student Signature: _____

Administration and all staff at AMCS recognize the importance of high academic standards to all stakeholders. We recognize the community responsibility to help AMCS enforce an educational process for all students.

We agree to:

1. Provide a professional learning environment with high expectations for all.
2. Enforce all rules fairly, firmly, and consistently.

Communicate regularly and openly with parents and students.



Acuerdo de los padres/tutores

Reconozco la importancia de unos altos estándares académicos para todos los involucrados. Reconozco mi responsabilidad de ayudar a AMCS a implementar y mejorar el proceso educativo para todos los estudiantes. Estoy de acuerdo en:

1. Cumplir con mi compromiso de voluntariado de 30 horas por estudiante.
2. Apoyar activamente el cambio de la tabla de disciplina por colores en toda la escuela.
3. Supervisar regularmente el trabajo escolar y las tareas de mis alumnos.
4. Mantenga un entorno de trabajo adecuado en casa con el material apropiado disponible.
5. Mantener una comunicación regular con los profesores y la administración.
6. Insistir en que mis alumnos lleguen puntuales a la escuela todos los días.
7. Hacer cumplir y respaldar las normas de vestimenta/uniforme de toda la escuela.

Firma del padre/madre/tutor: _____

Reconozco la importancia de los altos estándares académicos para todos los involucrados. Reconozco mi responsabilidad de ayudar a AMCS a implementar y mejorar el proceso educativo, tanto para mí como para todos los estudiantes.

Estoy de acuerdo en:

1. Obedecer sistemáticamente todas las normas de conducta sin excepción e insistir en que mis compañeros hagan lo mismo.
2. Trate con respeto a la administración, los profesores, los estudiantes, los padres y el personal de AMCS.
3. Comunicarme regularmente con mis padres/tutores sobre mi trabajo y compartir con ellos mi trabajo y mis tareas.
4. Participar en los programas académicos y sociales de AMCS en la medida de mis posibilidades.
5. Siempre haz un seguimiento de todas las tareas, completa los deberes a tiempo y cumple con los plazos de entrega.

Firma del estudiante: _____

La administración y todo el personal de AMCS reconocen la importancia de los altos estándares académicos para todos los involucrados. Reconocemos la responsabilidad de la comunidad de ayudar a AMCS a garantizar un proceso educativo adecuado para todos los estudiantes.

Estamos de acuerdo en:

1. Proporcionar un entorno de aprendizaje profesional con altas expectativas para todos.
2. Aplique todas las normas de manera justa, firme y coherente. Comuníquese de forma regular y abierta con los padres y los alumnos.



Instructions

Please select **one** the following blue application pages that best suits your language needs. After that is filled out completely, please continue to fill out the rest of the registration information. If you have any questions or concerns while completing this packet, please call our office and we will be happy to assist you in anyway possible!

Complete una de las paginas azules de solicitud que se encuentra en su idioma preferido. Una vez hecho esto, continúe completando el resto del registro. Si necesita ayuda, llame a nuestra oficina.

Vui lòng chọn một trong các trang ứng dụng màu xanh lam sau đây phù hợp nhất với nhu cầu ngôn ngữ của bạn. Sau khi điền đầy đủ các bạn tiếp tục điền các thông tin đăng ký còn lại. Nếu bạn có bất kỳ câu hỏi hoặc thắc mắc nào trong khi hoàn thành gói này, vui lòng gọi cho văn phòng của chúng tôi và chúng tôi sẽ sẵn lòng hỗ trợ bạn bằng mọi cách có thể!

Tanpri chwazi youn nan paj aplikasyon ble sa yo ki pi byen adapte bezwen lang ou yo. Apre sa fin ranpli nèt, tanpri kontinye ranpli rèz enfòmasyon enskripsyon an. Si w gen nenpòt kesyon oswa enkyetid pandan w ap ranpli pake sa a, tanpri rele biwo nou an epi n ap kontan ede w nan nenpòt fason posib!

Student #:	School/ Teacher:	Date:	Grade Level:	Entry Code:	
Student Registration Form Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.					
Student's Last Name (Legal)		First Name (Legal)		Middle Name	Affirmed Name
Student's Primary Home Address					
		Apt #	City	Zip Code	Gender ☐ Male ☐ Female
Home Phone #		Student's Cell Phone #		Student's E-mail Address	
SSN *Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.		Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country)	
Student Lives With ☐ One Parent ☐ Both Parents (same address) ☐ Both Parents (different address)		Ethnicity ☐ Non-Hispanic or Non-Latino ☐ Hispanic or Latino ☐ Other: _____		Race (Check all that apply) ☐ White ☐ Native American/Native Alaskan ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Black/African-American	
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address	
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address	
Non-Registering Parent's Home Address		Apt #	City	State	Zip Code
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)					
☐ Yes	☐ No	Is a language other than English used in the home?		If "yes", which language?	
☐ Yes	☐ No	Does the student have a first language other than English?		If "yes", which language?	
☐ Yes	☐ No	Does the student most frequently speak a language other than English?		If "yes", which language?	

The student's primary residence is: (Check only one)	
☐ owned by the parent/guardian.	☐ shared with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency.
☐ rented with a valid lease agreement. Expiration Date: _____	☐ shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:	Does the student live or is either parent employed:
☐ Yes ☐ No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?	☐ Yes ☐ No In low rent housing (such as Section 8 subsidized housing)?
☐ Yes ☐ No Transitional/emergency shelter?	☐ Yes ☐ No On Indian Lands?
☐ Yes ☐ No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?	☐ Yes ☐ No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:	
☐ Yes ☐ No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____	
☐ Yes ☐ No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____	
☐ Yes ☐ No Employed in agriculture or fishing industries anytime in the past three years?	

Has the student previously been:		
☐ Yes ☐ No Enrolled in Broward County Public School?	☐ Yes ☐ No Retained (repeated the same grade)?	
☐ Yes ☐ No Enrolled in a Charter School in Broward County?	☐ Yes ☐ No In Exceptional Student Education (ESE)?	
☐ Yes ☐ No Enrolled in a Home Education program?	☐ Yes ☐ No On a 504 plan?	
☐ Yes ☐ No Expelled from school?	☐ Yes ☐ No In an English Speakers of Other Languages (ESOL) program?	
☐ Yes ☐ No Convicted of a felony?	☐ Yes ☐ No In a Magnet program?	
☐ Yes ☐ No Involved in the Juvenile Justice System?	☐ Yes ☐ No In Foster Care?	
☐ Yes ☐ No Referred for mental health services?	☐ Yes ☐ No In a Gifted program?	
☐ Yes ☐ No Assessed for a behavioral threat?	☐ Yes ☐ No Assessed for risk of suicide or self-harm?	
☐ Yes ☐ No Has an active monitoring plan?	☐ Yes ☐ No Has an active safety plan?	

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate bounded school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date



Medical Alert Information

Current Health Conditions

Student Name: _____ Grade: _____

- Allergies/Alergias (be specific) _____
- Foods/Comidas _____
- Medicines/ Medicinas _____
- Bee Sting/Insect Bite/ Picas de Insectos _____
- Other/Otros _____
- Asthma _____

Other : _____

List all medications and dosages your child receives on a continual basis / Enumere todos los medicamentos y dosis que recibe su hijo de forma continua:

The school has many permissions, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility. The facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

La escuela cuenta con numerosos permisos para, en caso de emergencia y cuando no se pueda contactar conmigo, llevar a mi hijo/a al centro médico adecuado más cercano. El centro y su personal médico cuentan con mi autorización para brindar el tratamiento que un médico considere necesario para el bienestar de mi hijo/a.

Parent or Guardian Signature: _____ Date: _____



STUDENT RECORDS REQUEST

PONY #5164 -#5029

Date: _____

Last School: _____

Address: _____

Phone Number: _____ Fax _____

Name of Home School: _____

(The school you attend based on your current home address)

PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:

(Name of Student) (Grade) (Date of Birth) (Date Last Attended)

PLEASE INCLUDE:

- All credits earned
- Test scores
- Health Records (Immunization and Physical) **Please update the A04 panel with our school number 5164-5029**
- Brief explanation of grading system
- Current grades at time of withdrawal
- Exceptional education records

1st Request: _____

Date Received: _____

2nd Request: _____

3rd Request: _____

Thank you in advance for your prompt attention to this request.

Registrar,

Atlantic Montessori Charter School



Social Media Release Form

Student _____ Date: _____

Grade: _____ Teacher: _____

_____ I will permit my child to be photographed, videotaped, and or interviewed for AMCS publications, AMCS yearbook, AMCS Instagram.

_____ I will not permit my child to be photographed, videotaped, and or interviewed for AMCS publications, AMCS yearbook, AMCS Instagram.

(Print Name of Parent / Guardian)

(Print Name of Parent/ Guadian)