

Mount Rose School 6th grade

Application

915 Lander Street
Reno, NV 89509 (775) 333-5030



rev. 10/17/24

Kristen Brown, Principal
kbrown@washoeschools.net
<https://www.washoeschools.net/mountrose>

Mission Statement: Mount Rose aims to collaboratively create a community of intercultural understanding by guiding students to become leaders who are challenged to reach their highest potential. A focus on interdisciplinary instruction based on standards, inquiry, and service learning will inspire students to become reflective and compassionate citizens who will help create a more peaceful and educated world.

STUDENT LEGAL NAME:

Last	First	Middle
------	-------	--------

DATE OF BIRTH: __ / __ / ____	STUDENT ID (if known): _____
----------------------------------	---------------------------------

PREFERRED NAME: (if different than legal name)

Last	First	Middle
------	-------	--------

CURRENT AGE:	GENDER: Male Female
FALL 2025 Grade Level	Zoned Middle School for FALL 2025

HOME ADDRESS:

Street/Apt #	City	State
Zip	Home Phone	Cell Phone

TRANSPORTATION ADDRESS (if different than home address)

Street/Apt #	City	State
Zip	Home Phone	Cell Phone

STUDENT'S PRIMARY LANGUAGE: English Spanish Other _____	MAILING REQUESTED IN: English _____ Spanish _____	SPECIAL EDUCATION: Yes No	GIFTED PROGRAM: Yes No
--	---	------------------------------	---------------------------

ETHNIC ORIGIN: (check one) Hispanic/Latino _____ NOT Hispanic/Latino _____	RACE: (check all that apply) Hispanic/Latino _____ Asian Black or African American _____ American Indian or Alaskan Native _____ Asian _____ White _____ Multi Race _____
--	---

FAMILY INFORMATION:

STUDENT LIVES WITH:	Both Parents _____ Parent/Step-parent _____ Other _____	Mother Only _____ Father Only _____ Relative Other _____
FATHER/GUARDIAN NAME: First _____ Last _____	EMPLOYER:	DAY PHONE
Mother/GUARDIAN NAME: First _____ Last _____	EMPLOYER:	DAY PHONE
Step-Parent/GUARDIAN NAME: First _____ Last _____	EMPLOYER:	DAY PHONE
ALTERNATE CONTACT NAME: First _____ Last _____	EMPLOYER:	DAY PHONE

**PARENT E-MAIL ADDRESS: (please print clearly) **Mandatory

--

CURRENT SIBLING(S) INFORMATION

Are any siblings currently attending our middle school? Yes _____ No _____	If yes: list sibling(s) name, and grade level:
---	--

Requirements:

- 1. Current grades attached**
- 2. Student, please attach a brief statement of why you wish to attend Mount Rose School**
- 3. Recent iReady and SBAC Math and ELA Scores**

**Students accepted for enrollment at Mount Rose Middle School are done conditionally with the expectation that they will continue to meet the recommended qualifications for grades, attendance, and self-management through the completion of middle school. All accepted applicants are screened again in July to ensure they meet Math 7-8 requirements. Students who do not maintain the minimum recommended qualifications through the end of their grade level year may be redirected to enroll at their zoned school. Students who struggle to maintain their qualifications at any time during enrollment may be placed on academic or behavioral intervention by the school for up to one semester. At the conclusion of the intervention period, students who continue to not meet the minimum recommended qualifications must meet with the principal to come up with a plan to best meet the student's needs.

PARENT/GUARDIAN SIGNATURE: Signature(s) required. *

Please note, in case your application is not accepted you need to register your student at your zoned school.

NOTE: FALSE OR DELIBERATELY INCORRECT INFORMATION WILL AUTOMATICALLY DISQUALIFY A STUDENT FROM THE ADMISSIONS PROCESS

Parent/Guardian Signature _____ Date _____

**Is your student enrolled in the Dual Immersion Program currently? Yes _____ No _____ School _____