

Additional Family Information:

Sibling: _____ Age: _____ Grade: _____ School: _____

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What additional information would you like us to know about your child at this stage in the application process: _____

Please comment on your reasons for being attracted to the Mountain Sun Community School for your child: _____

Registration materials, including health information, enrollment form, and parent questionnaire will be provided after the completed application form is received. Space will generally be filled on a first-come, first-serve basis, however special consideration will also be given to balancing the age ranges of the applicants. A deposit, which will be applied to the annual tuition, equal to one-month payment (of a 10 month payment schedule) will be required to confirm your child's space in the Mountain Sun Community School by June 1, 2010.

Parent Signature: _____ Date: _____

Printed Name: _____

Please return completed application to:

Julie Williams
Mountain Sun Community School
P.O. Box 788
Pisgah Forest, NC 28768

Mountain Sun Community School does not discriminate on the basis of race, color, sex, national or ethnic origin, sexual orientation or religion in its educational, admissions, and hiring policies and practices.