



Mosaic Academy

Sibling Lottery Application

Visit our website at www.mosaicacademy.net

****Please complete a separate form for each child****

Student's name: _____ DOB: _____

Street address: _____ City: _____ State: _____

Mailing address (if different): _____

Present/previous school attending(ed) _____

Check school year applying for & fill in grade level:

_____ **2017/2018** current school year Grade _____
_____ **2018/2019** school year Grade _____

Name & grade of other siblings applying/or attending Mosaic Academy:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name of Parent(s) or Legal Guardian(s): _____

List all contact numbers: _____

(It is important to keep contact information current. Call Mosaic Academy with changes.)

Contact email: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Incomplete forms will not be considered and will be returned. Mail/drop off or fax completed form to:

Mosaic Academy, 450 Llano Street, Aztec, NM 87410

(505) 334-6364 Telephone & Fax

You may also e-mail to: candelarias@mosaic.k12.nm.us or mittlerd@mosaic.k12.nm.us

Office
Use
Only

Date Application Received _____ *Lottery Log #* _____

Call Log:

1) *Date:* _____ *Time:* _____ *Comment:* _____

2) *Date:* _____ *Time:* _____ *Comment:* _____

3) *Date:* _____ *Time:* _____ *Comment:* _____

Mosaic Academy does not discriminate on the basis of race, color, sex, ethnicity, national origin, familial status, religion, age, mental or physical disability, veteran status or any other prohibited basis.