

Enrollment Application

Child

First: _____ MI: _____ Last: _____

Date of birth: _____ Country/ State of birth: _____

Primary language: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Male Female

Parent 1

Name: _____

Home address: _____

City/State/Zip: _____

Home phone: _____

Occupation/School: _____

Employer: _____

Work address: _____

Parent 2

Name: _____

Home address: _____

City/State/Zip: _____

Home phone: _____

Occupation/School: _____

Employer: _____

Work address: _____

Work phone:

Work phone:

Work/school hours:

Work/school hours:

Marital status: Single Married Separated Divorced

Others living in the home:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Grandparent:

Name:

Address:

City:

State:

Zip:

Grandparent:

Name:

Address:

City: _____ State: _____ Zip: _____

What do you find attractive about the Montessori philosophy?

Comments:

How did you hear about the school?

friend newspaper phone book website

other: _____

Program Choice/s:

Toddler

Primer

Pre-Kindergarten

Kindergarten-Third Grade

Parent/s signature/s:

Date:

For office use only: Application Fee Received \$_____ on ____/____/____ Cash or
Check #_____ Academic Level: _____
 this fall spring semester summer next fall

The following questions are not required but will assist us in collecting information regarding your child. Thank you for your assistance.

1. Race

- American Indian
- Black (not of Hispanic Origin)
- Asian
- Hispanic
- White

2. First Language Not English (FLNE)

Please indicate your child's first language if it is not English:

3. Limited English Proficient (LEP)

Please indicate whether or not your child has limited English:

Yes

No