



Enrollment Application: Elementary

Please include \$50 per family non-refundable application fee to reserve a position on the waiting list.

For School Year/Summer Program _____ Grade: _____ Gender: _____ Present Age: _____
Student's Name: _____ Date of Birth: _____
Current School and Grade: _____
Previous School(s) Attended: (with dates) _____

Parent/Guardian: _____	Parent/Guardian: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Work Position: _____	Work Position: _____
Company: _____	Company: _____
Work Phone: _____	Work Phone: _____
Work Address: _____	Work Address: _____
City/State/ZIP: _____	City/State/ZIP: _____

Non-custodial Parent: _____	Siblings _____
Phone(s): _____	(Names, Ages): _____
Address: _____	_____
City/State/ZIP: _____	_____

How did you learn about our school? _____

Why are you considering Montessori for your child? _____

This form is an enrollment application only. Parents will be contacted as an opening occurs.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Appl. Accepted: _____

Rev 7/25/06

Check Number: _____