

For Office Use Only
Application Date: _____
Check #: _____
Start Date: _____
Class: _____



MONTESSORI BY THE SEA APPLICATION FOR ADMISSION

STUDENT INFORMATION

Full Name: _____
Last First MI

Address: _____
Street Address City/State Zip Code

Phone (Home): _____

Age: _____ Date of Birth: ____/____/____ Gender: _____

Siblings [name(s) and date of birth]: _____

Primary Language Spoken in the Home: _____

Has your child ever been tested for any of the following:

- Speech Hearing Screening Attention Deficit Disorder(ADD/ADHD)
 Learning Disability Other Health Impairments : _____

PROGRAM OF INTEREST:

- Primary/Early Childhood Half Day Full Day
 After School Enrichment

 Elementary (Ages 6 - 12)

PARENT/GUARDIAN INFORMATION:

Student lives with: Both Parents Mother Father Guardian _____
RELATION TO STUDENT

Mother's Name: _____
(or Guardian) Last First Middle

Address: _____
Street City/State Zip Code

Phone: Home _____ Cell _____ Email _____

Occupation: _____ Employer: _____

