



Date \_\_\_\_\_

For Academic Year \_\_\_\_\_

## Application for Admission

### CHILD INFORMATION

\_\_\_\_\_  
First Name Middle Last

\_\_\_\_\_  
Nickname DOB M/F

### FAMILY INFORMATION

Check (✓) the box of the child's home address

\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Ph. Cell Ph.

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Occupation Company

\_\_\_\_\_  
Business Ph.

\_\_\_\_\_  
Name of person(s) financially responsible

\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Ph. Cell Ph.

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Occupation Company

\_\_\_\_\_  
Business Ph.

\_\_\_\_\_  
Email address/es for billing statements

### SIBLINGS

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

### PREVIOUS SCHOOL EXPERIENCE

\_\_\_\_\_  
Name Phone Dates of Attendance

\_\_\_\_\_  
Name Phone Dates of Attendance

What languages are spoken in your home? \_\_\_\_\_

Ethnic background (optional) \_\_\_\_\_

Please list any special activities your child regularly participates in: \_\_\_\_\_

What types of activities do you do with your child? \_\_\_\_\_

Please provide further information which may help us to understand your child and meet his/her needs. \_\_\_\_\_

Does your child take medicine regularly or have serious allergies? \_\_\_\_\_

What are your immediate goals for your child (academic, social, emotional) and how do you see the Montessori Lab School's contribution toward this? \_\_\_\_\_

Please explain how you came to find the Montessori Lab School at Grand Center (source, recommendation from friend, relative etc...)

Why have you chosen to apply to the Montessori Lab School and what attracted you to Montessori education?

How long do you expect to keep your child enrolled at the Montessori Lab School? (Check all that apply)

For the Young Children's Community (15 month-3 year olds)

For the Children's House (3-6 year olds), Pre-School—Kindergarten

For the Elementary program (6-12 year olds), Grades 1-6

Are you applying to other schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes which ones? \_\_\_\_\_

I have enclosed the \$75 non-refundable application fee.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Montessori Lab School at Grand Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies.*

*Accredited by Association Montessori Internationale (AMI)*

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Check Number/Amount: \_\_\_\_\_