



# APPLICATION FOR ADMISSION

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

Date \_\_\_\_\_

## 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

\_\_\_\_\_  
Parent/Guardian Full Name

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

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

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

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

Email address(es) for billing statements \_\_\_\_\_

## SIBLINGS

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

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

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

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

## PREVIOUS SCHOOL EXPERIENCE

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

School 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 (around 15 months – 3-years)
- For the Children's House (around 3 – 6 years), Pre-School—Kindergarten
- For the Elementary program (around 6 – 12 years), Grades 1-6

Are you applying to other schools?  Yes  No

If yes, which schools? \_\_\_\_\_

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 Internationalé (AMI®)*

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