



**METRO EAST MONTESSORI SCHOOL  
APPLICATION FORM**

**For office use only:**

DATE RECEIVED: \_\_\_\_\_

\$25 APPLICATION FEE: \_\_\_\_\_

AGE OF CHILD: \_\_\_\_\_

APPLICATION IS FOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ TELEPHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN #1 NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BUSINESS NAME/ADDRESS/PHONE NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN #2 NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BUSINESS NAME/ADDRESS/PHONE NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**\*If child has two residences, please write the secondary residence below.**

NAME OF PARENT/GUARDIAN AT SECONDARY RESIDENCE \_\_\_\_\_

SECONDARY HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECONDARY HOME TELEPHONE \_\_\_\_\_

DOES THIS PERSON HAVE CUSTODIAL GUARDIANSHIP? \_\_\_\_\_



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DESIRED ENTRANCE DATE \_\_\_\_\_

HAS YOUR CHILD HAD PREVIOUS SCHOOL EXPERIENCE (please describe)? \_\_\_\_\_

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IS YOUR CHILD FULLY IMMUNIZED? \_\_\_\_\_

OTHER CHILDREN (birthdates and sex) \_\_\_\_\_

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WHY DO YOU WISH YOUR CHILD TO BE ENROLLED IN A MONTESSORI SCHOOL? \_\_\_\_\_

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**Please return this application accompanied by cash or a check for \$25 payable to  
Metro East Montessori School. This is a non-refundable application fee.**

SIGNATURE PARENT/GUARDIAN #1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE PARENT/GUARDIAN #2 \_\_\_\_\_ DATE \_\_\_\_\_