



**METRO EAST MONTESSORI SCHOOL
APPLICATION FORM**

For office use only:

DATE RECEIVED: _____

\$25 APPLICATION FEE: _____

AGE OF CHILD: _____

APPLICATION IS FOR _____

DATE OF BIRTH _____ GENDER ID _____ 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)?

HAVE ANY SUPPLIMENTAL SERVICES BEEN RECOMMENDED FOR YOUR CHILD OR HAS YOUR CHILD RECEIVED OR IS CURRENTLY RECIEVING ANY SUPPLIMENTAL SERVICES (e.g., IEP, speech, physical therapy, occupational therapy, vision therapy, ect.)

IS YOUR CHILD FULLY IMMUNIZED? _____ (proof of current immunizations required prior to acceptance)

DO YOU CONSIDER YOUR FAMILY TO BE A MEMBER OF A MARGANLIZED GROUP? _____

IF YES, WHICH GROUP? _____

OTHER CHILDREN (birthdates and sex) _____

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

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 _____