METRO EAST MONTESSORI SCHOOL APPLICATION FORM

For office use only:	
DATE RECEIVED:	
\$25 APPLICATION FEE:	
AGE OF CHILD:	

			AGE OF CHILD:	
APPLICATION IS FOR				
DESIRED ENTRANCE DATE				_
DATE OF BIRTH	GENDER ID	PHONE _		-
HOME ADDRESS				
CITY		STATE	ZIP	
PARENT/GUARDIAN NAME				_
RELATIONSHIP TO STUDENT				-
HOME ADDRESS (if different than studer	nt)			-
CITY		STATE	_ZIP	
CELL PHONE	_EMAIL			_
OCCUPATION				
BUS NAME		PHONE _		
PARENT/GUARDIAN NAME				
RELATIONSHIP TO STUDENT				
HOME ADDRESS (if different than studer	nt)			-
CITY		STATE	_ZIP	_
CELL PHONE	_EMAIL			_
OCCUPATION				
BUS NAME		PHONE _		
*If student has two residences, please	indicate which	n guardian has custo	odial guardianship:	

HAS YOUR CHILD HAD PREVIOUS SCHOOL EXPERIEN	CE? (describe below)
HAVE SUPPLEMENTAL SERVICES BEEN RECOMMENDI HAS YOUR CHILD RECEIVED OR IS CURRENTLY RECE (e.g., IEP, speech, vision, physical, occupational, behavioral or psycho	IVING SUPPLEMENTAL SERVICES?
IS YOUR CHILD FULLY IMMUNIZED? (proof o	f current immunizations required prior to acceptance
DO YOU CONSIDER YOUR FAMILY TO BE A MEMBER OF YES, WHICH GROUP?	
WHY DO YOU WISH YOUR CHILD TO BE ENROLLED IN	I A MONTESSORI SCHOOL?
OTHER CHILDREN & BIRTHDATES	
Please return this nonrefundable application with cash or	a check for \$25 payable to MEMS.
SIGNATURE of PARENT/GUARDIAN	DATE
SIGNATURE of PARENT/GUARDIAN	

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