



South County Montessori School, Inc.

APPLICATION FOR ADMISSION FOR SEPTEMBER 20__

Child's name _____ sex _____

Name child is usually called _____

Birthdate _____ Birthplace _____

Parent's full name _____

Home Address with zip code _____

Home telephone _____ Cell _____ E-mail _____

Parent's occupation & business address _____

Business telephone _____ Fax _____ E-mail _____

Parent's full name _____

Home Address with zip code _____

Home telephone _____ Cell _____ E-mail _____

Parent's occupation & business address _____

Business telephone _____ Fax _____ E-mail _____

Community involvement, activities & special interests _____

Is this your biological _____ adopted _____ (at what age?) _____, or foster _____ child?

Are parents separated or divorced? _____

If so, with whom does child live? _____

Who is the legal guardian? _____

To whom should bills be sent? _____

Names & ages of siblings _____

Does your child speak more than one language? ____ Other languages are _____

Schools attended by child with dates-include art, music, and playgroups and please attach any school reports _____

General health of child (please list special health concerns, physical disabilities, serious accidents, hospitalizations, allergies.) _____

How did you become interested in our school? _____

I would like my child to attend:

_____ the morning (Primary) session 8:45 a.m.- 11:45 a.m. (ages 3, 4, & 5)

_____ the morning (Primary) session 8:45 a.m.- 2:45 p.m.
with full care

_____ the morning (Primary) session 7:30 a.m.- 5:30 p.m.
with extended care

_____ the morning + Transition 8:45 a.m.-2:45 p.m. (mature 4s & 5s)

_____ the morning + Transition with 7:30 a.m.- 5:30 pm
extended care