



South County Montessori School, Inc.

## APPLICATION FOR ADMISSION FOR SEPTEMBER 20\_\_\_\_

Child's name \_\_\_\_\_ sex \_\_\_\_\_

Name child is usually called \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

**Parent 1's** full name \_\_\_\_\_

Home Address with zip code \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Parent's occupation & business address \_\_\_\_\_

Business telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent 2's** \_\_\_\_\_

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.) \_\_\_\_\_

If applicable, I give consent to post my child's allergies: **Yes/No**

**Signature** \_\_\_\_\_

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 with full care     | 8:45 a.m.- 2:45 p.m.                   |
| _____ the morning (Primary) session with extended care | 7:30 a.m.- 5:00 p.m.                   |
| _____ the morning + Transition                         | 8:45 a.m.-2:45 p.m. (mature 4s & 5s)   |
| _____ the morning + Transition with extended care      | 7:30 a.m.- 5:00 p.m.                   |