



South County Montessori School, Inc.

APPLICATION FOR ADMISSION TO JUNIOR PROGRAM 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 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.) _____

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

Signature _____

How did you become interested in our school? _____

- The Junior Program is from 8:45 a.m. to 2:45 p.m. Monday through Friday.

It is understood that this application authorizes the school to request my child's academic records and other pertinent information necessary for reaching an admission decision. It is recognized that the admission policy of the school to offer equal opportunity for admission to all qualified students without regard to sex, race, national origin or religious preference

Parent's signature

Date