

2019 – 2020 APPLICATION

DATE: _____



STUDENT'S NAME: _____ LAST FIRST MIDDLE

STUDENT'S ADDRESS: _____ STREET CITY STATE ZIP

CIRCLE - MALE / FEMALE ■ BIRTH DATE ____/____/____ ■ BIRTH PLACE: CITY, STATE _____

- Please include a non-refundable application fee of \$50.00 with this form.
 Attach a letter stating: "Why you would like to have your child attend the Montessori Center."

GUARDIAN:

NAME	(RELATION? EX. FATHER, MOTHER)	FULL ADDRESS (IF DIFFERENT FROM CHILD)
@		
PHONES(S)	E-MAIL ADDRESS	SOCIAL SECURITY #
OCCUPATION	WORKPLACE	WORK PHONE

GUARDIAN:

NAME	(RELATION? EX. FATHER, MOTHER)	FULL ADDRESS (IF DIFFERENT FROM CHILD)
@		
PHONES(S)	E-MAIL ADDRESS	SOCIAL SECURITY #
OCCUPATION	WORKPLACE	WORK PHONE

OTHER SCHOOLS ATTENDED: _____

SIBLINGS:

NAME	SEX	AGE	NAME	SEX	AGE
NAME	SEX	AGE	NAME	SEX	AGE

PLEASE INDICATE PROGRAM INTEREST:
 _____ EARLY CHILDHOOD MORNING PROGRAM
 _____ EARLY CHILDHOOD EXTENDED DAY
 _____ KINDERGARTEN
 _____ ELEMENTARY 1ST – 6TH GRADE

BEFORE CARE (FROM 7:30AM) AND/OR EXTENDED CARE (TO 5:30PM)? YES _____ NO _____

ARE YOU PLANNING TO SEND YOUR CHILD TO OUR ELEMENTARY PROGRAM? YES _____ NO _____

WILL YOU BE APPLYING FOR TUITION ASSISTANCE? YES _____ NO _____

Admission to Montessori Center of Jackson is open to children of any race, sex, religion, national or ethnic origin. The program is non -discriminatory in the administration of its educational policies, programs and activities.

_____ PARENT/GUARDIAN _____ PARENT/GUARDIAN