



Admission Application

Start Date _____

Student's Name _____ D.O.B. _____

Name and Address of Current School _____

Parent/Guardian 1 _____

Home Address _____

Street

City

Zip

Home Phone _____ **Cell-Phone** _____

E-mail address _____

Employer/Company Name _____ Work Phone _____

Occupation _____ Skills _____

Parent/Guardian 2 _____

Home Address _____

Street

City

Zip

Home Phone _____ **Cell-Phone** _____

E-mail address _____

Employer/Company Name _____ Work Phone _____

Occupation _____ Skills _____

Name and Age of Siblings _____

Parent/Guardian Signature _____ Date _____

Received by _____ **Date** _____

Why are you considering Montessori for your child? _____

What is your experience with Montessori education? _____

What educational goals do you have for your child? _____

How would you describe your child's learning style? _____

Specify any special educational , physical or emotional needs of your child? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully developed? _____

How do you redirect your child? _____

How does your family enjoy spending time together? _____

Does your child nap regularly? Yes/No _____

Does your child dress her/himself? Yes/No _____

Is she/he toilet trained? Yes/No _____

What health concerns should we be aware of (allergies)? _____

As part of the MMS family, what talents, interests and resources can you share to enhance our school community? _____

How did you hear about our school? _____