



Application of Admission

Last Name:	First Name:	Middle Name:	DOB:
Start Date:	Class:	Schedule:	Wait:
Parent/Guardian 1			
Last Name:	First Name:	Middle Name:	Cell #:
Home Address:		Email:	
Parent/Guardian 2			
Last Name:	First Name:	Middle Name:	Cell #:
Home Address:		Email:	
Physician Name:	Phone:	Address:	
Allergies:			
Name & Age of Siblings or other living at home?			
Why are you considering Montessori for you child?			
What is your experice with Montessori education			
How important is self-reliance in your child's development?			
How would you describe your childs learning style?			
Specify any special educational, physical or emotional needs of your child?			
What do you see as your child's greatest strengths?			
Does your child nap regularly, what time and how long?			
Is she/he toilet trained?			
Health, Diet or Allergy regiments, traditions or concerns?			
How did you hear about our school?			
As part of the MMS family, what talents, interests and resources can you share to enhance our shool community?			
In what areas would you like to see your dhid's potential more full developed?			
What redirection tools are implemented at home?			
How does your family enjoy spending time together?			
What educational goals do you have for your child?			
Received by			Date