

# AUGUSTE MONTESSORI SCHOOL

## APPLICATION FOR ADMISSION

(Please Type or Print)

Full Name of Student \_\_\_\_\_

Nickname, if any \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Birth date \_\_\_\_\_ City, State/Country \_\_\_\_\_ Current Age \_\_\_yrs\_\_\_ mo

Correspondence regarding application should be addressed to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail address(s) \_\_\_\_\_

Student lives with: (any that apply)

\_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Father deceased \_\_\_\_\_ Parents separated

\_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced

\_\_\_\_\_ Other/ Relationship \_\_\_\_\_

Financial responsibility for applicant will be assumed by :

\_\_\_\_\_

Father's name \_\_\_\_\_

Occupation/ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Business Telephone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_

Occupation/ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Business Telephone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Previous school experience:

School \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Permission to contact the school \_\_\_\_\_

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Names, ages and schools of siblings:

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Health Statement: Please state the applicant's general state of health

Does the applicant have any physical disabilities or allergies that require special attention or would in any way limit participation in school activities?

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Is the applicant under the *chronic* care of a physician? \_\_\_\_\_

Who should we contact in the event of an emergency?

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How did you learn about Auguste Montessori School and why did you choose to apply to Auguste?

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A **\$ 75.00 Application Fee** (non-refundable) must accompany each application.

Upon acceptance of the student, a **non-refundable deposit of \$400.00** is required to hold the students place.

We elect for our child to attend:      Full-Day (8:30am-3:00pm)      Half-day (8:30am-11:30am)

We elect to pay the tuition fees by the following payment plan:

Plan A

Plan B

Plan C

We understand that payments begin on **July 1<sup>st</sup>** and recognize that our **financial commitment is for the full academic year**, as outlined in the Parent Handbook. We acknowledge that we have read the school handbook and that we understand and accept all the school's regulations and policies.

Parents' Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

