

Amber Meadows Montessori

STUDENT APPLICATION

Date of Proposed Enrollment _____

Name of Student _____ M () F () Birth Date _____ Age _____
First Last

Address _____ City _____ Zip Code _____

Home Phone _____

Mother's Name / Guardian

Father's Name/ Guardian

Day Phone: _____

Day Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Email: _____

Email: _____

Parent's current marital status: Married () Divorced () Separated () Other ()

The child resides with: Mother () Father () Both () Other ()

If divorced & remarried, please indicate:

Name of Step-Parent or Guardian _____

Address: _____ Phone _____

Emergency contacts (other than parents)/ Authorized person to pick up your child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Phone _____

Allergies _____

Has the student had previous Montessori experience? Yes () No ()

School _____ Level _____ Dates _____

What are the student's special non-academic activities? _____

How did you become aware of Amber Meadows Montessori?

Recommended by: _____

Application for admission: I hereby request that a place be reserved for this applicant for the School Year beginning _____ or () as soon as space is available.

I enclose the \$50 Application Fee. I understand that this is not refundable & is not applicable toward tuition. I, the undersigned, agree to comply with the regulations of the school & to accept the changes & terms of payment as set forth in the contract.

Date _____ Signature _____ Relationship _____

FOR OFFICE USE ONLY	
Application Fee: \$50	
Paid: _____	Ck # _____
Office Staff Signature: _____	Date: _____