



2009-2010 Application for Enrollment¹

A \$50 annual non-refundable Application Fee must accompany this application.

Application for School Year: _____ Student's Name: _____
Gender: _____ Date of Birth: _____ Student's Social Security #: _____
Siblings (Name(s) Age(s)): _____

Please mark which level you are applying for:

- Nido** (6wks-18mos) **Primary** (3-6yrs)
 Toddler (18mos-3yrs)

Is your child currently attending school or day care? Yes / No Name: _____

Parent: (print): _____
Phone(s): _____ Cell: _____
email: _____
Address: _____
City/State/ZIP: _____
Social Security Number: _____
Work Position: _____
Company: _____
Work Phone: _____
Work Address: _____
City/State/ZIP: _____

Parent: (print): _____
Phone(s): _____ Cell: _____
email: _____
Address: _____
City/State/ZIP: _____
Social Security Number: _____
Work Position: _____
Company: _____
Work Phone: _____
Work Address: _____
City/State/ZIP: _____

Non-custodial Parent: _____
Address: _____

Phone: _____
City/State/Zip: _____

Parent Signature: _____

Date: _____

¹ *This form is an Enrollment Application only. Parents will be notified of acceptance.*

FOR OFFICE USE ONLY: Date application received: _____ Action taken: _____

Amount Received: _____ Check #: _____

MSV Authorized Representative: _____ Signed: _____

Child's Name: _____

School Year: _____

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 personality and 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 discipline 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 MSV family, what talents, interests, and resources can you share to enhance our School Community? _____

How did you find out about our school? _____