



Please include a photo of your child.

Optional

# Application for Admission

## Applicant's Information

_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
CHILD'S NAME		
_____	_____	
DATE OF BIRTH	ADDRESS	
_____	_____	
PLACE OF BIRTH		
_____	_____	
PRIMARY LANGUAGE	HOME PHONE	
_____		
ADMISSION FOR FALL OF WHAT YEAR (or start date if during school year)		

## Family Information

_____	_____
PARENT/GUARDIAN NAME	PARENT/GUARDIAN NAME
_____	_____
ADDRESS	ADDRESS
_____	_____
_____	_____
CELL PHONE	CELL PHONE
_____	_____
EMAIL ADDRESS	EMAIL ADDRESS
_____	_____
WORK PHONE	WORK PHONE
_____	_____
EMPLOYER	EMPLOYER
_____	_____
POSITION	POSITION
_____	_____
WORK HOURS	WORK HOURS
_____	_____
SIBLING'S NAME (OF CHILD APPLYING)	SIBLING'S NAME (OF CHILD APPLYING)
_____	_____
BIRTH DATE	BIRTH DATE

Has your child attended daycare/preschool before? If yes, please state where and for how long.

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Is your child now receiving therapy of any kind, or has your child in the past received therapy? Please give details.

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Does your child have an Individual Healthcare Plan for a condition they may have? Please give details.

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Why are you considering Forbes Hill Montessori School for your child?

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How did you learn about Forbes Hill Montessori School?

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**Application Fee**

Please return this completed form with a non-refundable application fee of \$50.00 made payable to:  
*Forbes Hill Montessori School*

**Non-discrimination Policy**

Forbes Hill Montessori School does not discriminate against individuals on the basis of race, creed, religion, national origin, cultural heritage, age, gender, marital status, political beliefs, disability, sexual orientation, or family style in its admissions, employment policies, and procedures.

**Signature of Parents/Guardians**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**OFFICE ONLY**

Date received:

Check amount:

Check number: