

# THE MONTESSORI SCHOOLHOUSE

## APPLICATION FOR ADMISSION/ENROLLMENT FORM

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph. \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address (If different from Child) \_\_\_\_\_ Hm Ph \_\_\_\_\_  
Email \_\_\_\_\_ Bus. Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address (If different from Child) \_\_\_\_\_ Hm Ph \_\_\_\_\_  
Email \_\_\_\_\_ Bus. Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Education: Mother \_\_\_\_\_ Father \_\_\_\_\_

Are Parents Living Together? \_\_\_\_ Who is the primary Caregiver? \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
SAIS ID (from previous AZ school) \_\_\_\_\_

Has the child been expelled or is in the process of being expelled? No \_\_\_\_ Yes \_\_\_\_ (Please Attach Explanation)

Has the child ever been enrolled in or tested for? (Check all that apply):

Special Education Programs(s) \_\_\_\_ (Explain \_\_\_\_\_) Gifted Program \_\_\_\_ ADD/ADHD \_\_\_\_

Serious illness or handicaps: No \_\_\_\_ Yes \_\_\_\_ Specify \_\_\_\_\_ Attach copy of documentation.

Name of Family Doctor: \_\_\_\_\_ Ph \_\_\_\_\_

In case of emergency, if neither parent is available, whom should we contact?

	NAME	RELATIONSHIP TO CHILD	PHONE
1.	_____	_____	_____
2.	_____	_____	_____

Are there any allergies or unusual characteristics we should know about your child? Please attach explanation.

**Please answer Ethnicity THEN Race. (Hispanic/Latino Ethnicity will supersede race. If you identify as multi-racial, only check Race boxes.)**

**Ethnicity:** Is this student Hispanic/Latino? \_\_\_\_\_

**Race:** Identify one or more races. American Indian or Alaskan Native \_\_\_\_ Black or African American \_\_\_\_

Asian \_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ White \_\_\_\_

**Primary language used at home?** \_\_\_\_\_ **Language most spoken by student?** \_\_\_\_\_

**Language student first acquired?** \_\_\_\_\_ **Special Interest/Hobby** \_\_\_\_\_

Has your family moved in the last 3 years to seek farm work? No \_\_\_\_ Yes \_\_\_\_

**Please list the name, age and gender of any other person(s) living in your home:**

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

**Which level are you interested in for your child?**

Preschool \_\_\_\_ Kindergarten \_\_\_\_ Lower Elementary \_\_\_\_ Upper Elementary \_\_\_\_

**If you have any questions regarding enrollment, please call 520.319.8668.**

**Signature of Parent** \_\_\_\_\_ **Dated** \_\_\_\_\_

Start Date \_\_\_\_\_ SAIS Date \_\_\_\_\_