Woodland Montessori School – Application for Admission

Please check status: ☐ Continuing Student ☐ Sibling of Continuing Student ☐ Sibling of Alumni
☐ New Applicant ☐ Montessori Transfer Student

Child's Full Name: First Middle Last Calling Name

Home Address City State Zip Code

☐ Male ☐ Female Date of Birth Age as of September 1st Date child is able to start

Applying for : ☐ a.m. toddler ☐ full day toddler ☐ a.m. children's house ☐ full day children's house
☐ interested in before school care ☐ interested in after school care

Parent / Guardian Full Name

Home Address/ if different from Student

(_____)_____
Home Telephone # Cell Phone / Pager

E-mail address

Profession and Title

Business Name

(_____)_____
Business Phone

Who is legally responsible for child's education?

To whom should billing be sent to if other than above?

Full Name Phone #

Address

Has your child had previous school experience? ☐ yes ☐ no
If so, where? _____

Parent / Guardian Full Name

Home Address / if different from student

(_____)_____
Home Telephone # Cell Phone / Pager

E-mail address

Profession and Title

Business Name

(_____)_____
Business Phone

Names and Ages of Siblings/What school do they attend?
_____/_____
_____/_____
_____/_____

How did you hear about Woodland Montessori School?

Is another child in your family applying? ☐ yes ☐ no

Who will receive mailings?_____

Administrative Use Only

Tour Date _____ Observation Date _____ Age of Applicant as of 9/1/____: Start Date _____

Application Received / Date _____ Enrollment Contract Returned / Date _____ Deposit Received / Date_____