

The Montessori School of Washington

1556 Wisconsin Avenue, NW, Washington, DC 20007

Telephone: (202) 338-1557

Application Form

Applying for 20 _____

_____ Fall Term (September Start)
_____ Spring Term (January Start)
_____ Extended Day (3:00-6:00)
_____ Early Arrival (8:15-9:00)

CHILD

Name

First

Middle

Last

Male

Female

Birthdate

Age: years months

Place of Birth

*Previous School Experience:**

Montessori School

Duration

School

Duration

Playschool

Duration

Language spoken at home:

Other languages:

Reason for Applying to the Montessori School of Washington:

* The Montessori School of Washington reserves the right of direct access to previous school records and further reserves the right to withhold records of withdrawing students until all accounts due are paid in full.

Mother

Mother's Name

Home Address

Home Phone

Cell Phone

Home Email

Occupation

Business Address

Business Phone

Business Email

Brothers and Sisters

Names and Ages

Father

Father's Name

Home Address

Home Phone

Cell Phone

Home Email

Occupation

Business Address

Business Phone

Business Email

Grandparents

Names and Addresses

Health

Pediatrician's Name

Allergies

Office Address

Restrictions

Office Phone

Physical Impairments

Alternate Physician /Phone

Alternate Physician /Phone

Conditions of this Application:

The Montessori School of Washington has a non-discriminatory policy relative to race, color, religion, and national origin with respect to admission of all students and the employment of faculty and administrative staff.

The Montessori School of Washington considers the records of all individual students to be confidential information available to a child's parents or guardian upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.

This completed form, accompanied by payment of a non-refundable application fee of \$60.00, is to be sent to the Montessori School of Washington.

I agree to the above conditions.

Name of Parent or Guardian

Signature/Date

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For Office Use Only

Date of Interview

Date of withdrawal

Number of years with MSW

Date of Enrollment

School Placement

Grade

First day of Class

Referral Sent?

Yes _____

No _____

Date application fee paid

Date referral sent

Reason for leaving

Date deposit paid

Forwarding Address