



THE MONTESSORI  
SCHOOL OF WASHINGTON  
montessoriwashington.org  
+ 1 202.338.1557  
msow.dc@gmail.com

## APPLICATION FORM 2024-2025

### ABOUT THE CHILD

Full Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Male ☐ Female ☐ Birthdate: \_\_\_\_\_ Age on September of This Year: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Experience with Montessori? Yes ☐ No ☐

Previous Schools (please indicate Names, Locations and Duration of Experience) \*: \_\_\_\_\_

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### REASON FOR APPLYING TO MONTESSORI SCHOOL OF WASHINGTON (MSOW):

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### HOW DID YOU HEAR ABOUT MSOW?

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### ABOUT THE CHILD'S HEALTH

Pediatrician Name(s): \_\_\_\_\_

Office Address and Phone Number: \_\_\_\_\_

Alternate Pediatrician and Phone Number: \_\_\_\_\_

Known allergies, restrictions, physical impairments or other health concerns: \_\_\_\_\_

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## ABOUT THE FAMILY

First Parent's Full Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home, Work and Cellphone Numbers: \_\_\_\_\_

Second Parent's Full Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home, Work and Cellphone Numbers: \_\_\_\_\_

Siblings' Names and Ages: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Caregiver's Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 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 guardians upon request. Records will only be released to other schools or agencies upon signed request from parents or guardians and only after all accounts due are paid in full. This completed form must be accompanied by payment of a non-refundable application fee of \$60, payable to the Montessori

School of Washington. I agree to the above conditions:

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**MSOW OFFICE USE ONLY**

Application Received: \_\_\_\_\_

Application Fee Received (Ck#): \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Student Accepted \_\_\_\_\_

Declined \_\_\_\_\_

Notification Method and Date: \_\_\_\_\_  
\_\_\_\_\_

Enrollment Form Received: \_\_\_\_\_

Payment Electronically: \_\_\_\_\_

First Day of Class: \_\_\_\_\_

Student Withdraw Date: \_\_\_\_\_

School Placement:

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

Forwarding Address

\_\_\_\_\_  
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