



APPLICATION FOR ADMISSION

Child's Full Name: First - Middle - Last _____ Call Name _____

Home Address _____ City _____ State, Zip Code _____

Date of Birth _____ Age as of September 1st _____ Grade Level to Enter _____ Male/Female _____

Present School _____ Present Grade _____ Years Attended _____

What date would this child be available to start? _____ Is another child in your family applying? _____yes _____no

APPLICATION FOR (CHECK ONE): Junior High _____ Children's House (Half Day) _____
Upper Elementary _____ Children's House (All Day Montessori) _____
Lower Elementary _____ Toddler Community (Half Day) _____ (Full Day) _____

Parent / Guardian Full Name _____

Parent / Guardian Full Name _____

Home Address / if different from student _____

Home Address / if different from student _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Telephone Number _____ Cell Phone / Pager _____

Telephone Number _____ Cell Phone / Pager _____

Email Address _____

Email Address _____

Name of Business _____ Position _____ Phone _____

Name of Business _____ Position _____ Phone _____

Names and Ages of Siblings / What school they attend?

Who is legally responsible for child's education? _____

_____ / _____

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

_____ / _____

Full Name _____ Phone _____

_____ / _____

Address _____ City _____ State, Zip Code _____

How did you here about Oak Hill Montessori School? _____

Each application must be accompanied by a non-refundable \$100.00 application fee and a completed child's profile.

Please make checks payable to Oak Hill Montessori School.

Signature of Parent / Guardian: _____ Date: _____

For Office Use

Date Rec'd: _____ Check #: _____ Observation Date: _____

Age of applicant as of 9/1/20____: _____ Profile Received: _____