

The Montessori School of The Angels, Inc. St. George Campus

PRESCHOOL/KINDERGARTEN ADMISSION APPLICATION

Year of proposed entrance _____ Applying for: Preschool _____ Kindergarten _____

Applicant's Name _____
Last First Middle

Address _____
Street City State Zip Code

Home phone number _____

Place of birth _____ Date of birth _____ Gender: M F

Father's name and address:

Mother's name and address:

Last First Middle

Last First Middle

Home phone #: _____

Home phone #: _____

Cell phone #: _____

Cell phone #: _____

Occupation: _____

Occupation: _____

Employer Business Phone Number

Employer Business Phone Number

Parents are: Married Separated Divorced Other _____

Child lives with: Both Parents Mother Father Other _____

Please list other children in the family:

Name Age School attending

Applicant's last school _____
Name Address

Has your child ever received Special Services? (Resource Help, Early Intervention, etc.) Yes No

If yes, please explain and give dates. _____

Mother's Religion _____ Father's Religion _____

Family's parish _____
Name Address Denomination

Sacraments received by applicant

Year/ Month/ Day Church City State

Baptism _____

How did you hear about TMSA? _____

Has your child ever attended a Montessori school? Yes No

If yes, please give name of Montessori school _____

When this application is completed, please return it with the following:
\$25.00 non-refundable application fee.

If this application leads to our child's attendance at The Montessori School of The Angels, Inc., we agree to adhere to the policies and regulations of the school and to pay all tuition expenses in accordance with the payment plan to be agreed upon with the school administration.

Parents' Signatures _____ **Date:** _____