# STUDENT APPLICATION

ACADEMY MONTESSORI INTERNATIONALE

Application Fee: $100.00

Paid: _____ Ck # _____

Start Date: _____

Date of Proposed Enrollment _____ 5-Day Full Day Extended Day Elementary

**Name of Student** _____ M ( ) F ( ) Birth Date _____ Age _____

First Last

Address _____ City _____ Zip Code _____

Home Phone ( ) _____

**Mother's Name / Guardian**

Name: _____

Day Phone: _____

Cell Phone: _____

Employer: _____

Occupation: _____

E-mail: _____

**Father's Name/ Guardian**

Name: _____

Day Phone: _____

Cell Phone: _____

Employer: _____

Occupation: _____

E-mail: _____

Parents' Current Marital Status: Married ( ) Divorced ( ) Separated ( ) Other ( )

Child resides with: Mother ( ) Father ( ) Both ( ) Other ( )

If divorced & remarried, please indicate:

Name of Step-parent or Guardian: _____

Address: _____ Phone # _____

**Emergency contacts / Authorized person to pick up your child:**

Name: _____ Phone # _____

Name: _____ Phone # _____

Physician _____ Phone # _____

Allergies: _____

Has the student had pervious Montessori experience. Yes ( ) No ( )

School: _____ Level: _____ Dates: _____

What are the student's special non-academic activities? _____

How did you become aware of Academy Montessori Internationale? _____

Recommended by: _____

Application for Admission:

I hereby request that a place be reserved for this applicant fo the School Year beginning _____ or ( ) as soon as available

I enclosed the $100.00 Application Fee & I understand that this is not refundable & to accept the changes & terms of payments as set forth in the contract