



# STUDENT APPLICATION

ACADEMY MONTESSORI INTERNATIONALE

Application Fee: \$50.00

Paid: \_\_\_\_\_ Ck # \_\_\_\_\_

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

Date of Proposed Enrollment \_\_\_\_\_ 5-Day Full Day Extended Day Elementary  
Name of Student \_\_\_\_\_ M ( ) F ( ) Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_

### Mother's Name / Guardian

Day Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Father's Name/ Guardian

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 \$50.00 Application Fee & I understand that this is not refundable & to accept the changes & terms of payments as set forth in the contract