

APPLICATION FOR ADMISSION

Date: _____

Child's Name _____ Name Used _____

Birth date _____ Place of Birth _____

Present Age: Years _____ Months _____ Sex _____

School(s) Attended Previously, if any:

School _____ Level _____ Dates _____

School _____ Level _____ Dates _____

Parent 1 Full Name _____ SS # _____

Address/City _____ Zip _____ DL # _____

Employer _____ Work # _____

Home Phone _____ Cell _____ Email _____

Parent 2 Full Name _____ SS # _____

Address/City _____ Zip _____ DL # _____

Employer _____ Work # _____

Home Phone _____ Cell _____ Email _____

With whom does your child live? Both Parents _____ Mother _____ Father _____ Other _____

If other, please specify _____ Relationship to Child _____

Address _____ Zip _____ Phone _____

To Whom are communications from the school to be sent?

Both Parents _____ Mother _____ Father _____ Other (Specify) _____

Are siblings living with the applicant? If so, please specify:

Relationship _____ Age _____ School _____

Relationship _____ Age _____ School _____

How did you hear about Richmond Hill Montessori? _____
