

APPLICATION FOR ADMISSION

| | | | |
|---|---------------------------------|-----|---|
| _____ | _____ | F | M |
| Child's Legal Name | Date of Birth | Sex | |
| _____ | _____ | | |
| Child's Preferred Name | Place of Birth | | |
| _____ | _____ | | |
| Parent's/Guardian's Name () | Parent's/Guardian's Name () | | |
| _____ | _____ | | |
| Home Phone | Work Phone | | |
| () | () | | |
| _____ | _____ | | |
| Mobile Phone | E-Mail | | |
| _____ | _____ | | |
| Home Address | Home Address | | |
| _____ | _____ | | |
| City, State, Zip | City, State, Zip | | |
| _____ | _____ | | |
| Occupation | Occupation | | |
| _____ | _____ | | |
| Place of Work | Place of Work | | |
| _____ | _____ | | |
| Work Address | Work Address | | |
| _____ | _____ | | |
| City, State, Zip | City, State, Zip () | | |
| _____ | _____ | | |
| Person Responsible for Child After School | Phone | | |

Child lives with (circle): Both Parents Mother Father Other(s): _____

Language(s) spoken at home: _____

Ages of other child(ren) in family: _____
Brother(s) Sister(s)

Previous School(s) Attended: _____
Name of School From To
Name of School From To

Child's special interests: _____

Child's general personality: _____

Is child allergic to food, plants, animals, or other? Please specify: _____

What do you hope for your child while attending Eiffel Tower Montessori? _____

** A non-refundable fee of \$100.00 for new child or \$50.00 for returning child must accompany this application*

Parent's/Guardian's Name Parent's/Guardian's Signature Date

For Office Use Only: School Year Date Accepted Start Date