

MONTESSORI SCHOOL OF RUSTON APPLICATION FOR ENROLLMENT

Child's Name: _____
Last First Middle

Date of Birth: _____ Sex: M F Place of Birth: _____

Previous School Experience: _____

Mother's Name: _____
Last First Middle

Father's Name: _____
Last First Middle

Home Address: _____

Home Phone: _____ Work Phone: _____

Mom's Cell Phone: _____ Mom's E-Mail: _____

Dad's Cell Phone: _____ Dad's E-Mail: _____

Has an older sibling attended a Montessori School before? _____

If so, who, when, and where? _____

Why do you wish to enroll your child in Montessori School of Ruston?

Has your child ever had an educational, or emotional evaluation?

If so, when and where ? _____

If you are applying for a toddler or pre-school child, which of our programs are you most interested in?
(please check one) ___ half day (8:30-11:30 a.m.) ___ full day (8:30 a.m.-2:30 p.m.)

We educate children beginning at age twenty months through the eighth grade. Montessori education is divided into the following multi-aged groupings: Toddler, Pre-School and Kindergarten, First through Third Grades, Fourth through Sixth Grades, and Seventh and Eighth Grades. For our planning purposes for the future, please check which programs you intend to use at Montessori School of Ruston.

- Toddler (20 months-36 months)
- Pre-School (Ages 3-6)
- Upper Elementary (ages 9-12)
- Lower Elementary (ages 6-9)
- Middle School (ages 12-15)

(over)

Do you have any younger children that you would like for us to put on our waiting list for future years?

___ Yes ___ No

If yes, please list:

Name _____ Birthdate _____

Name _____ Birthdate _____

Does your child have any physical, emotional, social, or behavioral limitations? If so, please explain.

THE MONTESSORI SCHOOL OF RUSTON ADMITS STUDENTS OF ANY RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED AND MADE AVAILABLE TO STUDENTS AT THE SCHOOL.

Please use the space below to tell us any other information that you would like for us to know about your child:

Date of Application: _____

Signature of Parent or Guardian: _____