



Application for Admission 20 /20

Our Montessori Program is a three-year program.

(Please PRINT information CLEARLY and complete ALL fields.)

For Office Use Only	
Received	_____
Teacher	_____
Interview	_____
Application Fee	_____
BAC Application Fee	_____

\$100 nonrefundable application fee for Montessori Program

Check if Before/After Care is needed _____ **An additional \$100 non-refundable Before/After Care fee.**

Child's Name: _____ Gender: M F
First MI Last Nickname

Child's Birth date: _____ Home Contact # _____
Month Day Year

Home Address: _____
Street City State Zip Code

Mothers Name: _____ Occupation: _____
First Last

Employer: _____ Business Address _____

Work #: _____ Cell #: _____ E-mail: _____

Father's Name: _____ Occupation: _____
First Last

Employer: _____ Business Address _____

Work #: _____ Cell #: _____ E-mail: _____

Is child cared for by anyone other than parents? Yes No

Facility Type: Family/Friend Home Daycare Daycare Center Preschool Other

Providers Information: _____
Name Address City State Zip Code

Adults other than parents regularly in the home? _____

Are either parents members of St. Mark's Lutheran Church? _____

Does the child have any chronic physical problems? _____

Is there another language spoken in the home? _____ What? _____

How did you hear about St. Mark's School? _____

Why do you want a Montessori education for your child? _____

Other children in the family:

Name & Age: _____ Name & Age: _____

Name & Age _____ Name & Age: _____

I understand that St. Mark's Montessori Schools' Primary Program is a 3 year program; all students are expected to remain at SMMS through his/her kindergarten year.

Signature of Parent/Guardian _____ Print Name _____ Date _____

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