



## Application for Admission 2022-2023

**\$125.00 non-refundable School application fee; \$125.00 non-refundable BAC application fee**

**\$75.00 application fee for Church members or siblings in our school in the same year.**

**Child's Name:** \_\_\_\_\_ Gender: M F

Child's Birth date: \_\_\_\_\_ Home Contact # \_\_\_\_\_

Home Address: \_\_\_\_\_

**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: \_\_\_\_\_

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**

\_\_\_\_\_  
**Signature of Parent/Guardian Print Name Date**