



Student Application

School Year 20___/20___

Please circle a program:

Toddler (18 months - 3 years)

Elementary (6-12 years)

Primary (3-6 years): Half (3-4 yrs) Full (5-6 yrs)

Adolescent (12-15 years)

Student: Name First Middle Last

Preferred Name to be used F M Birth date: M/D/Y

Home address City State Zip

Email Address Home Phone

Mailing address if different than above City State Zip

Parent or Guardian (full name)

Parent or Guardian (full name)

Name

Name

Home address (if different from student)

Home address (if different from student)

City State Zip

City State Zip

Home Phone Cell

Home Phone Cell

E-Mail

E-Mail

Name of Employer

Name of Employer

Position Phone

Position Phone

Address City State Zip

Address City State Zip



Previous School Experience:

1. _____
 Name of school _____ Dates of enrollment _____

Address _____ City _____ State _____ Zip code _____

Phone _____ Montessori? Yes No

2. _____
 Name of school _____ Dates of enrollment _____

Address _____ City _____ State _____ Zip code _____

Phone _____ Montessori? Yes No

Siblings	Significant others
_____	_____
Name _____ Age _____	Names _____ Relationship _____
_____	_____
Name _____ Age _____	Names _____ Relationship _____
_____	_____
Name _____ Age _____	Names _____ Relationship _____

Mountainside Montessori has a non-discriminatory policy and admits students and employs faculty and staff of all races, color, religions and national origins.

Mountainside Montessori considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon receipt of a signed request from a parent or guardian and whose account is in good standing.

 Parent/ Guardian Signature Date Parent/ Guardian Signature Date

 Student Applicant Date



Please help us to get to know your child better by answering the following questions.

What are your educational goals for your child? How do you see Mountainside Montessori (MM) facilitating these goals?

How would you describe your child's personality and learning style?

How does your family enjoy spending time together?

What do you see as your child's greatest strengths?

In what areas would you like to see your child's potential more fully developed?

Are there any talents, interests, or resources you may wish to share to enhance the MM Community?

How did you hear about Mountainside Montessori?

Please enclose a non-refundable fee of \$100 together with this student application form and mail to:

Mountainside Montessori
4206 Belvoir Road
Marshall, VA 20115