



Old Mission Montessori School

Application For Enrollment

Date of Application _____

Name of Child: _____ Gender: _____
(Male/Female)

Child's Birth Date: _____ Current Grade Level: _____

Name of Parents: _____

If parents are divorced, who has legal custody? _____

If parents are separated, with whom does the child live? _____

Address: _____

Home Phone: _____

Father's Occupation: _____ Place of Employment: _____

Work or Cell Phone: _____

Mother's Occupation: _____ Place of Employment: _____

Work or Cell Phone: _____

Family's Religion: _____ Parish, If Catholic: _____

Has your child attended another school? _____ If yes, name of school: _____

Why do you want your child in Old Mission Montessori School?

What do you know of the Montessori philosophy?

How did you learn about Old Mission Montessori School?

_____ through friends _____ church bulletin _____ other

Thank you for your interest. We will call you when an opening occurs.