



# MONTESSORI ACADEMY

## STUDENT APPLICATION FORM

For Administrative Use Only	
Date Received:	____   ____   ____
Interview Date:	____   ____   ____
Admission Date:	____   ____   ____
Days:	M TU W TH F
Hours:	_____ to _____
Enrollment Fee:	Amt Recd \$ _____
Enroll Fee Paid:	CK# _____ or ___ Cash
Month 1 Tuition:	Amt Recd \$ _____
Month 1 Paid:	CK# _____ or ___ Cash

Please type or print clearly.

### Student Information

Legal Name: \_\_\_\_\_ Gender:  Male or  Female  
Last First Middle

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

City State Zip Code

Age at Entry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Years Month Day Year City State/Province Country

### Parent /Guardian Information

#### Mother/Guardian

Name: \_\_\_\_\_  
Last First Middle

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

City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Email: \_\_\_\_\_  
Home Work

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Marital Status:  Married  Widowed  Divorced  Separated

#### Father/Guardian

Name: \_\_\_\_\_  
Last First Middle

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

City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Email: \_\_\_\_\_  
Home Work

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Marital Status:  Married  Widowed  Divorced  Separated

## Emergency Contacts Information

### Student's doctor information

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### In case of emergency contact:

Contact #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Contact #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Contact #3 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

### Persons authorized to pick-up student:

Name(1): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Name (2): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Name (3): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

### Parent/Guardian Signatures

Mother's/Guardian's Signature: \_\_\_\_\_ Father's/Guardian's Signature: \_\_\_\_\_

### Enrollment Fee Required

Please include the one-time non-refundable enrollment fee in the amount of \$100.00 with this signed application. Make checks payable to *Montessori Academy*.

## MONTESSORI ACADEMY

595 South River Street • Batavia, Illinois 60510

Questions? Call or visit our website:

① 630.879.2586 🌐 [www.MontessoriBatavia.com](http://www.MontessoriBatavia.com)