



Optional:
Please include a photograph of your child or family.

Application for Admission

Applicant's Name _____ Nickname _____
Date of Birth ____/____/____ Age _____ Gender _____ Admission for fall of _____
mm dd yy

Program applying for:

Children's House: Full Day Morning Afternoon

Lower Elementary: 1 2 3 Upper Elementary: 4 5 6 Middle School: 7 8

Sibling Information:

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Father or Parent/Guardian:

Mother or Parent/Guardian:

Address:

Address, if different:

Employer:

Employer:

Title:

Title:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Fax Number:

Fax Number:

Email:

Email:

Married Divorced Separated Single Parent Life Companions Widow(er)

Country of Origin: _____

Ethnicity: Caucasian Asian African American Latino Pacific Islander

Bi/Multi Racial Native American Other _____

Do you anticipate applying for financial Aid? Y / N (if yes, visit <http://sss.nais.org/parents/>)

Please share contact information for grandparents or other special family members:

Name(s): _____

Relationship: _____

Address: _____

Name(s): _____

Relationship: _____

Address: _____

Continued 

Boards/Organizations on which either Parent/Guardian serves:
Organization _____

Title/Position _____

Current School/Daycare:

Name/Address: _____

Telephone _____

How did you hear about Oak Meadow Montessori School? friend website roadside banner
local newspaper (name): _____ other: _____

What would you like our Admission Committee to know about your child? _____

What do you hope Oak Meadow Montessori School will provide your child? _____

Are there any special issues (allergies, medical, physical, emotional, family life, educational, social) in your child's history that we should know about? yes ____ no ____

If yes, please explain: _____

Has an evaluation (speech, hearing, etc) or support services ever been recommended for your child? yes ____ no ____ Has an evaluation been completed for your child? yes ____ no ____
If yes, please forward a copy to Oak Meadow Montessori School.

Comments: _____

What talents and/or volunteer involvement will your family share with Oak Meadow? _____

I/We understand that Oak Meadow Montessori School requires an interview. I/We understand that all school records, recommendations, and evaluations will be reviewed prior to making an admission decision.

Enclosed with this application is the non-refundable application fee of \$75.00.

Signature _____

Date mm dd yy

Signature _____

Date mm dd yy

Both parents/guardians must sign this application.

Oak Meadow Montessori School does not discriminate in admission, financial aid, administration of its educational policies and employment practices on the basis of race, color, national or ethnic origin, sex, sexual orientation, marital status, or status as a qualified handicapped individual.