

Application for Admission

133 North 8th St, Brooklyn, NY 11249

Telephone 646.660.2807

WWW.MSLAMMONTESSORI.COM

ATTACH
RECENT PHOTO
OF YOUR CHILD
HERE
(optional)

We are applying for admission to the following program:

- Half Day** 8 - 11:30 AM
- Half Day** 2 - 6:00 PM
- Full Day** 8 - 3 PM
- Full Day** 11:30AM - 6 PM
- After School** 3 - 6 PM

We are applying to start:

- Fall of _____
- Summer of _____
- As soon as possible

Name of Student _____

Prefer to be called _____ Male Female

Date of Birth _____ Current Age _____

Student's Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

School District your family resides in _____

Name of Parent/Guardian _____

Parent's Home Address same as student

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____

Occupation _____ Title _____

Employer _____

Employer Address _____

Business Phone (_____) _____

Email Address _____

Name of Parent/Guardian _____

Parent's Home Address same as student

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____

Occupation _____ Title _____

Employer _____

Employer Address _____

Business Phone (_____) _____

Email Address _____

Parents/Guardians are (circle one):

Married Separated Divorced Single Parent Domestic Partners

Who is the legal guardian? _____

Who is financially responsible for child's tuition? _____

Name and address to be used for billing _____

City _____ State _____ Zip _____

Please list the names and relationship of all parents and/or significant adult family members living with the child.

SIBLINGS

Name	Date of Birth	School and Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandparents, family members, or significant friends you would like added to Ms. Lam Montessori mailing list.

Name _____

Relationship to applicant _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

EmailAddress _____

Name _____

Relationship to applicant _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

EmailAddress _____

Student Information

Primary Language _____

Other Language(s) Spoken _____

What attracted you to Montessori education? Why have you chosen to apply to Ms. Lam Montessori School?

What are some of the activities your family enjoys doing together?

Please share any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

Are there any assessments, reports, or documentation regarding this child that we should know about? Yes No

If yes, please explain _____

Is your child taking any medication? Yes No

If yes, please list medication _____

Previous school(s) attended, with dates of attendance.

How many hours of TV does your child watch per day/week? _____

Have any family members attended a Montessori school? Please list who, where, and when.
