



Application for 20 ____ /20 ____

Toddler and Lower School

- | | |
|----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Toddler Half Day - 3 days | <input type="checkbox"/> Lower School Half Day - 3 days |
| <input type="checkbox"/> Toddler Half Day - 4 days | <input type="checkbox"/> Lower School Half Day - 4 days |
| <input type="checkbox"/> Toddler Half Day - 5 days | <input type="checkbox"/> Lower School Half Day - 5 days |
| <input type="checkbox"/> Toddler Full Day - 4 days | <input type="checkbox"/> Lower School Full Day - 4 days |
| <input type="checkbox"/> Toddler Full Day - 5 days | <input type="checkbox"/> Lower School Full Day - 5 days |

Elementary School

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> First Grade | <input type="checkbox"/> Fourth Grade |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Fifth Grade |
| <input type="checkbox"/> Third Grade | |

Middle School

- | | |
|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sixth Grade | <input type="checkbox"/> Eighth Grade |
| <input type="checkbox"/> Seventh Grade | |

Student's Name _____ Gender _____

Date of Birth _____ Home Phone () _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Mother's Name _____

Email Address _____ Email Address _____

Cell Phone () _____ Cell Phone () _____

Father's Occupation/Title _____ Mother's Occupation/Title _____

Father's Employer _____ Mother's Employer _____

Work Phone () _____ Work Phone () _____

Are Parents separated or divorced? (If yes, please answer the following)

With whom does the child live? _____

Who is the legal guardian? _____

Who should receive bills? _____ Who should receive mailings? _____

Paternal Grandfather's Name _____ Telephone () _____

Paternal Grandmother's Name _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

Maternal Grandfather's Name _____ Telephone () _____

Maternal Grandmother's Name _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

Schools attended and dates (include art, music, play groups, etc.) _____

How did you become interested in our school? _____

Please include in the space below any information which you feel will affect your child's experience at school, and also, what your expectations are regarding your child's school experience. _____

Signature: _____ Date: _____

Please return this form and a non-refundable application fee of \$50.00 payable to Fraser Woods Montessori School by **February 1st**.

Fraser Woods Montessori School admits students of any race, color, national and ethnic origin to all the programs and activities offered at the school. It does not discriminate on the basis of race, color, national and ethnic origin in its educational policies, admissions policies, scholarship and loan programs, athletic or other school programs.