



The Montessori School of Washington

APPLICATION FORM

ABOUT THE CHILD:

Full Name: _____

Primary Address: _____

Male _____ Female _____ Birthdate: _____ Age on September of This Year: _____

Language(s) Spoken at Home: _____ Experience with Montessori? Yes _____ No _____

Previous Schools (please indicate Names, Locations and Duration of Experience)*: _____

REASON FOR APPLYING TO MONTESSORI SCHOOL OF WASHINGTON (MSOW):

HOW DID YOU HEAR ABOUT MSOW?

ABOUT THE CHILD’S HEALTH:

Pediatrician Name(s): _____

Office Address and Phone Number: _____

Alternate Pediatrician and Phone Number: _____

Known allergies, restrictions, physical impairments or other health concerns: _____

ABOUT THE FAMILY:

First Parent’s Full Name: _____

Primary Address: _____

Occupation: _____ Email Address: _____

Home, Work and Cellphone Numbers: _____

Second Parent’s Full Name: _____

Primary Address: _____

Occupation: _____ Email Address: _____

Home, Work and Cellphone Numbers: _____

Siblings’ Names and Ages: _____

Caregiver’s Name: _____

Caregiver’s Number: _____ Email Address: _____

CONDITIONS OF THIS APPLICATION:

The Montessori School of Washington has a non-discriminatory policy relative to race, color, religion and national origin with respect to admission of all students and the employment of faculty and administrative staff.

The Montessori School of Washington considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from parents or guardians and only after all accounts due are paid in full.

This completed form must be accompanied by payment of a non-refundable application fee of \$60, payable to the Montessori School of Washington.

I agree to the above conditions:

Signature of Parent or Guardian: _____ Date: _____

Deliver this form to: Montessori School of Washington, 4380 MacArthur Blvd., NW, Washington DC 20007

MSOW OFFICE USE ONLY

Application Received: _____ Application Fee Received (Ck#): _____

Date of Interview: _____ Student Accepted _____ Declined _____

Notification Method and Date: _____

Enrollment Form Received: _____ Deposit Received (Ck#): _____

First Day of Class: _____ Student Withdraw Date: _____

Reason: _____

School Placement: _____

Forwarding Address: _____

Other Notes: _____
