



Phone: (904) 247-4577  
E-Mail: info@dmsonline.org

Last Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Contract Rec'd: \_\_\_\_\_

## Application for Admission

Please complete this form and return it to the school with a one-time non-refundable application fee of **\$75.00**, or **\$25.00** for a sibling of another child currently enrolled in the program. Priority for admission is based on the admissions policy stated on the reverse of this form.

### Student Information:

Child's Name: \_\_\_\_\_ ( M F ) Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred E-Mail: \_\_\_\_\_

Prior Montessori Experience?  Yes  No Where: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

#### Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Parent Information:

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

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

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Program Information:

#### Toddler Community (18 months old by September 1<sup>st</sup>)

\_\_\_\_\_ 4 Day, Monday – Thursday 8:30 - 11:30 AM

\_\_\_\_\_ 5 Day, Monday - Friday 8:30 - 11:30 AM

#### Pre-Primary Community

\_\_\_\_\_ Pre-Primary, Monday - Friday 8:30 - 11:30 AM (3 years old by September 1<sup>st</sup>)

\_\_\_\_\_ Kindergarten, Monday - Friday 8:30 - 3:00 PM (5 years old by September 1<sup>st</sup>)

#### Primary Community

\_\_\_\_\_ 1<sup>st</sup>, 2<sup>nd</sup> Grade Student Monday - Friday 8:30 - 3:00 PM

\_\_\_\_\_ 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade Student Monday - Friday 8:30 - 3:00 PM

### For Administrative Use:

Date Observed: \_\_\_\_\_ Admin. Interviews (Date/Initial): \_\_\_\_\_

Fee Received: \_\_\_\_\_ Check # \_\_\_\_\_ Contract Offered?  Yes  No

Are parents separated or divorced? \_\_\_\_\_ If so, who has custody? \_\_\_\_\_

Person Financially responsible for Applicant's Educational Expenses: \_\_\_\_\_

Address of Person Responsible: \_\_\_\_\_

Phone number of Person Responsible: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Does the applicant have any special needs that might affect their school day? If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_

How did you learn about Discovery Montessori School? \_\_\_\_\_

### General Admissions Policy

- Discovery Montessori reserves the right to refuse admission or re-admission to any student.
- Discovery Montessori does not discriminate on the basis of race, color, gender, religion, or national origin. We believe diversity in both the student body and staff contributes to the value of the school experience.
- Discovery Montessori relies on the generosity of parents, grandparents, alumni, faculty, staff and friends to provide gifts of time and resources to supplement our programs and curriculum through Annual Giving and our Annual Auction.

### Parent Signatures

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date