

OAK HILL MONTESSORI SCHOOL

APPLICATION FOR ADMISSION

Child's Full Name (first,middle,last) _____ Preferred Name _____

Home Address _____ City _____ State, Zip Code _____

Date of Birth _____ Age as of September 1 _____ Entering Grade Level _____ Male / Female

Current School _____ Current Grade _____ Years Attended _____

Available start date? _____ Is another child in your family applying? yes / no

APPLICATION FOR (CHECK ONE):

Children's House (half day)

Lower Elementary

Toddler Community (half day)

Children's House (full day)

Upper Elementary

Toddler Community (full day)

Junior High

Parent/Guardian Full Name

Home Address/if different from student

City, State, Zip

Phone Number

Email Address

Name of Business, Position, Phone

To whom should the billing be sent to if different than the name above?

Full Name

Phone

Address, City, State, Zip

Parent/Guardian Full Name

Home Address/if different from student

City, State, Zip

Phone Number

Email Address

Name of Business, Position, Phone

Name and Ages of Siblings/What school they attend

Please attach a non-refundable \$100.00 application fee and your child's completed profile. Checks may be made payable to Oak Hill Montessori School.

Signature of Parent / Guardian: _____ Date: _____

For Office Use

Date Rec'd: _____ Check # _____ Observation Date: _____ Profile Rec'd: _____

Age of applicant as of September 1st: _____