

OAK HILL MONTESSORI SCHOOL

APPLICATION FOR ADMISSION

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

Home Address _____ City _____ State, Zip Code _____

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

Present School _____ Present Grade _____ Years Attended _____

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

APPLICATION FOR (CHECK ONE):
 Children's House (half day) Children's House (all day Montessori) Lower Elementary
 Upper Elementary Junior High
 Toddler Community half day full day

Parent/Guardian Full Name _____
Home Address/if different from student _____
City, State, Zip _____
Phone Number _____
Email Address _____
Name of Business, Position, Phone _____
Who is legally responsible for child's education?

To whom should the billing be sent if other than
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?

Each application must be accompanied by a non-refundable \$100.00 application fee and a completed child's profile. Please make checks 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 app as 9/1/20 _____