

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

Home Address _____

Male / Female _____ Date of Birth _____ Age as of September 1 _____

APPLICATION FOR (Check One):

- | | | |
|---|--|---|
| <input type="checkbox"/> Toddler Community (half day) | <input type="checkbox"/> Children's House (half day) | <input type="checkbox"/> Lower Elementary |
| <input type="checkbox"/> Toddler Community (full day) | <input type="checkbox"/> Children's House (full day) | <input type="checkbox"/> Upper Elementary |
| | | <input type="checkbox"/> Junior High |

Do you plan on applying for Tuition Assistance? _____ yes / no

Current School & Grade (if applicable): _____

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

Primary language spoken at home? _____

 Parent/Guardian Full Name

 Home Address (if different from student)

 City, State, Zip

 Phone Number

 Email Address

 Name of Business, Position, Phone

 Parent/Guardian Full Name

 Home Address (if different from student)

 City, State, Zip

 Phone Number

 Email Address

 Name of Business, Position, Phone

The non-refundable \$50.00 application fee may be made via check (payable to Oak Hill Montessori) or cash.

Signature of Parent / Guardian: _____ Date: _____

For Office Use

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

Age of applicant as of September 1st: _____