

Children of Integrity Montessori Academy

Application Form 2007/2008

FACILITY USE ONLY			
STAFF PERSON REVIEWING FAMILY'S DOCUMENTS:			
SIGNATURE:		DATE:	
APPLICATION FEE			

CLASS									
PRESCHOOL		KINDERGARTEN		LOWER ELEMENTARY			UPPER ELEMENTARY		
AM	PM	KINDERGARTEN	1	2	3	4	5	6	7

PERSONAL INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
CHILD'S DATE OF BIRTH:	GENDER: M F	
ADDRESS:	POSTAL CODE:	
	PHONE: ()	

PARENT/GUARDIAN INFORMATION	
NAME:	NAME:
PRIMARY CONTACT:	CONTACT PHONE:
EMAIL:	

EDUCATIONAL INFORMATION											
PREVIOUS MONTESSORI EXPERIENCE:	YES	NO	WHAT LEVEL(S)?	PRESCHOOL	K	1	2	3	4	5	6
NAME OF PREVIOUS MONTESSORI SCHOOL(S):											

SIGNATURE OF PARENT/GUARDIAN PROVIDING INFORMATION		
SIGNATURE:	PRINT NAME:	DATE: