



Student Pre-Enrollment Application

New Student (This student has never been enrolled in Montage Montessori School.)		YES ___	NO ___
Returning Student (This student has previously been enrolled in Montage Montessori School.)		YES ___	NO ___
Expelled Student (This student has been expelled or is currently under suspension from this district, or another district.)		YES ___	NO ___
Please pre-enroll my child for the school year of <u>2008</u> / <u>2009</u>			
Child's Full Name (First, Middle, Last)		Child's Social Security #	
Date of Birth	Age as of Dec. 31	Grade Completed	School District of Residence

Parent/Guardian Contact Information	
Full Name & Address of Mother / Guardian / Spouse	Home Phone
	Work Phone
	Cell Phone
	Emergency Contact #
	E-mail
Full Name & Address of Father / Guardian / Spouse	Home Phone
	Work Phone
	Cell Phone
	Emergency Contact #
	E-mail

	I'd like to enroll in the half day Kindergarten Program.
	I'd like to enroll in the full day Kindergarten Program.

Check the programs that you have a need for, and/or that you would like more information on.
 These programs will be scheduled according to sufficient interest and need by enrolling families.
 Applicable fees and times will be forwarded to you as soon as possible:

___ Before School Programs	___ After School Programs	___ Hot Lunch Program
_____ Signature of Parent or Guardian		_____ Date