



WOODSIDE MONTESSORI ACADEMY

APPLICATION

Name of The Child: _____ Date: _____

Date of Birth: ____/____/____ Age: _____ Gender: M or F

Parent(s) Name: _____

Address: _____

Town: _____ Zip Code: _____

Phone Contact Information:	Home: _____	Other Phone: _____
	Father Work: _____	Mother Work: _____
	Father Cell: _____	Mother Cell: _____

Email Information: Father Email Address: _____
 Mother Email Address: _____

Siblings: Name _____ Age: _____
 Name _____ Age: _____

School Currently Attending (if applicable): _____

APPLYING FOR:

- _____ Primary Morning Session
- _____ Primary Afternoon Session
- _____ Primary Full Session
- _____ Elementary Program
- _____ Middle School

Intended Years of Enrollment: _____ School Year Applying for: 20____-20_____

Please enclose a non-refundable fee of \$50.00 with this application. This fee does not apply towards the tuition payment. Make checks payable to:

Woodside Montessori Academy

This application is for the school year noted above. Selection is based on age, application date and vacant positions in the classes. The Montessori method is based on three-year groupings and requires balance across the ages.

For Office Use: Fee Paid _____ Check # _____ Date rec'd _____ Initials _____