

Mt. Hood Montessori

Application for Admissions

Child's Name

Birthdate

() Female () Male

() AM Program () PM Program

Home Address

City

State

Zip Code

Phone Number

Parent/Guardian Name

Company/Profession

Work Address

City

State

Zip Code

Phone Number

Parent/Guardian Name

Company/Profession

Work Address

City

State

Zip Code

Phone Number

Last School Attended: _____

Have any of your children attended a Montessori school? _____

When? _____ Where? _____

List previous school experiences your child has had: _____

Does your child have any medical problems? _____

Does your child have any allergies? _____

Is your child toilet trained? _____

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date