

# Application For Admission

**FOR OFFICE USE ONLY**

Fee Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

Check No.: \_\_\_\_\_

Parent/Child Visit: \_\_\_\_\_

All items must be completed. PLEASE PRINT

## Student Information

Child's Name: \_\_\_\_\_

Age (As of September 1st): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

## Family Information

Mother's Name: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Home Address (if different than child): \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Home Address (if different than child): \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Siblings Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

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*Silver Spruce*

MONTESSORI SCHOOL

44 Old Upton Road • Grafton, MA 01519 • (508) 839-2300

## Other Information

What are your hopes and goals for your child's education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What skills/talents would you like to share with our community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child attended any previous schools or daycare? If yes, please give name and address of school(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Person(s) who will be financially responsible for tuition: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Non-Discrimination Policy

Silver Spruce Montessori School does not discriminate with regard to race, religion or gender. Please enclose a non-refundable application fee of \$45 with this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This information will be made available to Silver Spruce Montessori School's administrators and used for the parent directory and school mailings.