SJMS

Enrollment Application

PLEASE NOTE: A non-refundable application fee of $50.00 is due with this form.

Application Date: _____ Student Social Security No. _____

Name (Last) (First) (Middle) (Nickname)

Address City/State/Zip Phone Number

Sex ☐ Male ☐ Female

Birthdate ___/___/___ (M D Y)

Birthplace City/State _____

Race: (This is not required)
☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic
☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Multi-Racial

Home Status:
☐ Two Parents in home ☐ Parents divorced
☐ Father deceased ☐ Mother deceased
☐ Parents separated

Student lives with:
☐ Father ☐ Mother
☐ Step-father ☐ Step-mother
☐ Other_____

	Mother	Father	Step-parent/Guardian
Name			
Residence Address (if different from above)			
Phone			
Employer's Name			
Address			
Phone			
Position/Title			
E-mail			

School last attended: _____

Names and Ages of Brothers/Sisters: _____

How did you learn about St. Joseph Montessori School? Please check any/all that apply:

☐ Former/Current Parent (name) _____ ☐ Web Site ☐ Telephone Book
☐ Advertisement (Please specify) _____ ☐ Other_____

Other information which may be pertinent to considering this applicant: _____

Application for 20___ to 20___ School Year

Program (Check application section)
☐ Children's House (half day)
☐ Children's House (full day)

Children's House
☐ Age 3
☐ Age 4
☐ Kindergarten
☐ Before School Care
☐ After School Care

☐ Elementary (6-9 yrs)
☐ Elementary (9-12 yrs)
☐ 7th and 8th Grade (12-14 yrs)
☐ Before School Care
☐ After School Care

Elementary Grade: _____

Mom's Soc. Sec. # _____

Signature of parent or guardian responsible for account

Dad's Soc. Sec. # _____

St. Joseph Montessori School
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