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 _____

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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