

MAIN CAMPUS:

(Private: 18 mos. - 4 yrs. ~ Charter: 5 - 12 yrs.)  
2834 East Southern Avenue, Mesa, AZ 85204  
(480) 926-8375 Fax: (480) 503-0515  
montessorictr.org



NORTH CAMPUS

(Private: 2 - 4 yrs. ~ Charter: 5 - 12 yrs.)  
815 North Gilbert Road, Mesa, AZ 85203  
(480) 964-1381 Fax: (480) 668-5457  
montessorictr.org

**Application for Admission**

Please check the campus you would like to enroll your child at:

Main Campus  North Campus  Either/Soonest Available

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M  F

Mother's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

Father's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

Single  Married  Separated  Divorced  Widowed

Country & State of Child's Birth: \_\_\_\_\_

Please indicate choice:

Toddler: Morning  Full day   
Preschool: Morning  Full day   
Kindergarten: Morning (8:30 am – 11:30 am)   
Kindergarten: Extended day (8:30 am – 2:45 pm)  \$200 per month  
Lower Elementary: (1-3) Grade \_\_\_\_\_   
Upper Elementary: (4-6) Grade \_\_\_\_\_

Father's Name (First, Middle Int., Last) \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name (First, Middle Int., Last) \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Business Phone \_\_\_\_\_

Please list any other siblings in the family and their ages \_\_\_\_\_

Please list persons who are authorized to transport your child. Children will be released only to authorized persons.

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special conditions or circumstances involving your child that would be helpful for the staff to know about in working with your child?

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Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact your doctor in an emergency? Yes  No

Please indicate any significant illness, health conditions, or allergies your child may have.

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Does your child take any medication? Yes  No  What kind? \_\_\_\_\_

Does your child have any known handicaps? Yes  No  please describe: \_\_\_\_\_

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Do you give permission for the school to take your child to a hospital in an emergency where such action is deemed urgently advisable by the school staff? Yes  No  Hospital \_\_\_\_\_

**Do you give permission for your student to be photographed, videotaped and/or audiotaped and for the use of the resulting photographs/tapes be placed on the school's website, yearbook or individual classroom newsletters?**

YES  NO

Please provide the name and address of institutions where previous educational records can be obtained (Elementary).

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Does your child have permission to participate in all field trips? This allows for spontaneous field trips such as nature walks, trips to the local park, etc. Yes  No

With our signature below, we hereby grant permission for our child to use all of the play equipment and to participate in all school activities.

**Immunization** records *must* be supplied to the school upon enrollment. If you are in opposition to immunizations, we must have on file an affidavit signed by the parents stating that this practice is contrary to your beliefs.

**Residency Documentation:** Pursuant to ARS 15-802(B) Arizona Residency Documentation is required upon registration of your child in any Arizona public or charter school. Please fill out the attached Residency Documentation Form and return with a copy of one of the required documents listed on the Form prior to enrollment of your child.

**Kindergarten date of birth cut off is December 31st.**

Your child **will not be permitted** to attend school without these State required documents.

Father's social security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mother's social security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent E-mail: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

**Both parents/legal guardians are financially responsible for any and all school and/or classroom fees.**

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

Date received: \_\_\_\_\_ (Montessori Use Only)