

1909 Colorado Ave
Santa Monica, CA 90404

infomontessori@gmail.com

Telephone: 310-829-3551
Facsimile: 310-829-7272

Santa Monica Montessori School

APPLICATION FOR ADMISSION

Applying for: Parent &Me ___ Toddler___ Preschool___ Kindergarten___ Grade___

Half Day (8:30 a.m.-12:00 p.m.)___ School Day (8:30 a.m.-3:00 p.m.)___ Full Day (7:45 a.m.-5:30 p.m.)___

Date of Application: _____

Preferred Date of Enrollment: _____

School Applicant Currently Attending: _____ Current Grade_____

Child's Name: _____ Birth Date:_____ Sex:_____

Home Address: _____ Phone: _____

Parent Name:_____ Parent Name:_____

Occupation: _____ Occupation: _____

Business Name: _____ Business Name: _____

Address: _____ Address: _____

Email Address: _____ Email Address: _____

Home Phone: _____ Home Phone: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

I (We) hereby apply for admission to the Santa Monica Montessori School for my child, and have enclosed the required NON-Refundable application fee of \$100 and attached a recent photograph of my child.

Signed (Parent) _____

Date: _____

Signed (Parent) _____

Date: _____

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With whom does the child reside? _____

Marital Status: _____

Siblings currently enrolled at SMMS: _____

Other siblings, names and birthdates: _____

Describe allergies or special medical problems: _____

Are there any medical conditions or learning difficulties we should be aware of? _____

Describe child's special interests and qualities: _____

How did you hear about SMMS?: _____

What do you expect this school to do for your child?: _____

Additional Comments: _____

For office use only

Date Received: _____

Payment type and number: _____

Interview Date: _____

Date Admitted: _____

Date Declined: _____

Enrollment Period: _____