

Montessori Admission Application

Applicant Information

Name _____
First Middle Last Nickname
Address _____
Number and Street
City State Zip Code
Phone _____ E-Mail _____
Date of Birth _____ Gender: Female _____ Male _____
Place of Birth _____
Social Security Number _____
Applying for grade _____ In school year _____

Parent Information

Mother's Title (Ms./Mrs./Dr./Rev./Other) _____
Name _____
First Middle Last
Home Address _____
Number and Street City State Zip Code
Home Phone _____ Fax Number _____
(Area Code) Number (Area Code) Number
E-Mail Address _____
Occupation/Title _____
Company _____
Business Address _____
Number and Street City State Zip Code
Business Phone _____ Cell Number _____
(Area Code) Number (Area Code) Number
Fathers' Title (Mr./Dr./Rev./Other) _____
Name _____
First Middle Last
Home Address _____
Number and Street City State Zip Code
Home Phone _____ Fax Number _____
(Area Code) Number (Area Code) Number
E-Mail Address _____
Occupation/Title _____
Company _____
Business Address _____
Number and Street City State Zip
Business Phone _____ Cell Number _____
(Area Code) Number (Area Code) Number

Special Circumstances

Parents are: _____ Divorced _____ Separated
 _____ Mother deceased _____ Mother remarried
 _____ Father deceased _____ Father remarried
Other: _____

Applicant lives with: _____

Person who has financial responsibility: _____

Sibling Information

<u>Name</u>	<u>Age</u>	<u>Present School</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education

Please list the schools attended in the last four years, with date of attendance, beginning with your **current school**, and the reason you left.

Dates School Name & Phone School Address Reason for leaving

Has applicant received special accommodations from previous school? _____

Has applicant received severe disciplinary censure at school? _____

Has applicant been asked to withdraw from a past school? _____

Has applicant been expelled from any school? _____

Please explain any of the above that may apply on a separate piece of paper
Please indicate below the names of any relatives now or formerly connected with Mount de Chantal Visitation Academy (alumni/ae, trustees, students, etc.) and indicate their relationship to the applicant.

Name _____ Relationship _____
Name _____ Relationship _____

How did you learn about Mount de Chantal Visitation Academy? _____

Signature of person who completed this application: _____
Date: _____