



The Montessori School of Madison

213 Green Hill Road, Madison, CT 06443

(203) 245-1635

APPLICATION FOR ADMISSION

Date _____

Session Desired: _____ Morning
_____ Afternoon

Application is hereby made for admission of _____

As a student in The Montessori School of Madison for the academic year _____ to _____

Child's name to be used at school _____ Date of Birth _____ Sex _____

Home Address _____ Phone _____

If phone number is unlisted, may we use it in the school directory? _____

Has the student attended any previous school? _____

(Name of School)

How or by whom did you learn of our school? _____

Father's Name _____ Profession _____

Father's Home Address _____

Name of Firm _____ Address _____

& Phone _____

Mother's Name _____ Profession _____

Mother's Home Address _____

Name of Firm _____ Address _____

& Phone _____

Physician's Name & Phone Number _____

Name and ages of brothers and sisters _____

Father's or Guardian's Signature

Mother's or Guardian's Signature

No application fee required

* For Office Use Only: Enrollment Date _____ SA _____