



Admissions Application

| | | | |
|---------------------------|--------------------------|-------------------------------|---------------------------------|
| Child's First Name | Child's Last Name | | |
| Name to be used in school | Birth Date | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

| | | | |
|---------------------|------------|-----------------------|--|
| Parent's First Name | Last Name | Relationship to Child | |
| Address | | | |
| City | State | Zip Code | |
| E-mail Address | | Home School District | |
| Cell Phone | Home Phone | Business Phone | |
| Employer | | Position | |

| | | | |
|---------------------|------------|-----------------------|--|
| Parent's First Name | Last Name | Relationship to Child | |
| Address | | | |
| City | State | Zip Code | |
| E-mail Address | | Home School District | |
| Cell Phone | Home Phone | Business Phone | |
| Employer | | Position | |

Other members of the household:

| Name | Age | Sex | Relationship to Child |
|------|-----|----------------------------------------------------------|-----------------------|
| | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | |

(Over)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Does your child have any special health/dietary needs or restrictions? | Yes | No |
| (If yes, please elaborate.) | | |
| Which of our programs are you interested in? (Check all that apply.) <input type="checkbox"/> Pre-K Half Day <input type="checkbox"/> Pre-K Full Day <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input type="checkbox"/> Early Arrival <input type="checkbox"/> After Hours | | |
| Has your child undergone an educational or psychological evaluation by either a school district or a private specialist? | Yes | No |
| (If yes, please elaborate and attach a copy of the report to this application.) | | |
| Please tell us a little about your child, including any additional information that will assist us in better understanding him/her. | | |
| Does your child speak languages besides English? | Yes | No |
| What is the primary language spoken at home? | | |
| Tell us about any extra curricular activities your child has participated in. | | |
| What other schools has your child attended? | | |
| How did you hear about our school? | | |

Please note that preschool applicants must be toilet trained by the first day of school.

Signature _____ Date: _____

The Montessori School of Syracuse is a not-for-profit educational corporation chartered by the New York State Board of Regents. The school does not discriminate in hiring staff or enrolling students on the basis of gender, race, religion, or national origin. A limited number of need-based scholarships are available.

Return this form to
Montessori School of Syracuse, 155 Waldorf Parkway, Syracuse, NY 13224
Office 315-449-9033; Fax 315-449-9867; mssadmissions@gmail.com; www.mssyr.org