



Admissions Application

School Year _____

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 will your child be enrolling in? (Please choose one) <input type="checkbox"/> Pre-K Half Day <input type="checkbox"/> Pre-K Full Day <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary		
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 languages are 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