

535 Broadway, Dobbs Ferry, New York 10522

APPLICATION FOR ADMISSION

914-693-4443

□ 2023/2024 □ 20	24/2025	_	2025/2026	□ other:		
Please complete both pages o	f this form and should be me is offered, we	d retu ade p e will r	rn it with a \$1 ayable to Al- mail you enro	00 non-refun cott School. Ilment docui	dable application form	эе.
Application Date:	Child	's Nar	ne:			
Date of Birth:				D	soy 🗆 Girl	
Current Home Address:						
City:				State:	Zip:	
Please notify the school if yo Inc	u have a nev dicate your p			pelow:	child's attendance. Old Programs	
Mornings (9:00 - 11:30) (Monday	thru Friday)		□ 5 Ma <u>Full Da</u> □ 5 Ful	ay Choices:	Friday 9:00 – 12:00) 5 – 3:15)	
Due to operational rec All Montessori classes are inclusive p a head		follow	v a co-teachir	ng model with		acher,
Other schools your child has attende	ed:					
Name of School	Address				Dates attended	
Name of School	Address				Dates attended	



Alcott School Admissions Application

Parent #1 Name or Legal Guardian:					
Current Home Address:					
Home Phone Number:	Cell Phone Number:				
Email Address:	(Please print)				
Name of Business:	Position/Title				
Business Address:	Business Phone #:				
Parent #2 Name or Legal Guardian:					
Current Home Address:					
Home Phone Number:	Cell Phone Number:				
Email Address:	(Please print)				
Name of Business:	Position/Title				
Business Address:Business Phone #:					
Briefly describe your child:					
Does your child have allergies? Pleas	e identify:				
	child's full participation in the academic and/or athletic medical concerns:				
Why do you want your child in a Mor	ntessori school?				
Who referred you to Alcott School? _					
I hereby make this application for adr	mission of my child as a student of Alcott School for beginning				
on:(Date)	·				
,	d, I will be responsible for all tuition, fees and other charges				
Signature of parent/gua	urdian Date				