

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? Please identify:

Additional information affecting your child's full participation in the academic and/or athletic program, including any emotional or medical concerns: _____

Why do you want your child in a Montessori school? _____

Who referred you to Alcott School? _____

I hereby make this application for admission of my child as a student of Alcott School for beginning on: _____.

(Date)

If the above named student is enrolled, I will be responsible for all tuition, fees and other charges incurred by the student.

Signature of parent/guardian

Date