

535 Broadway, Dobbs Ferry, New York 10522

**APPLICATION FOR
ADMISSION**

914-693-4443

 2024/2025 2025/ 2026 2026/2027 other: _____


Please complete both pages of this form and return it with a \$100 **non-refundable** application fee. Checks should be made payable to Alcott School or paid through Venmo. Note: Venmo for Application Fee Only. If choosing Venmo App fee is \$102.00

If a placement is offered, we will mail you enrollment documents.

Please be sure to provide us with your current mailing address.

Application Date: _____ Child's Name: _____

 Date of Birth: _____ Boy Girl

Current Home Address: _____

City: _____ State: _____ Zip: _____

Please notify the school if you have a new address any time during your child's attendance.

Indicate your program choice below:

2 Year Old Program
New Extended Hours
Mornings (9:00 – 12:00)

 5 Mornings – Monday -Friday

New Beginning 2024/2025 School Year

 5 Full Days Monday – Friday 9:00 – 3:00

3 – 5 Year Old Programs

Half Day Choices:

 5 Mornings Monday – Friday 9:00 – 12:00

Full Day Choices:

 5 Full Days Monday – Friday 9:00 – 3:00

Note: Early Drop and Late Pick Up options are available. Please ask for details.

Due to operational requirements arrival and dismissal time may be subject to change.

All Montessori classes are inclusive programs, some follow a co-teaching model with a head Montessori teacher, a head Special Education teacher and two assistants.

Other schools your child has attended:

Name of School	Address	Dates attended
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Name of School	Address	Dates attended
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Please complete both sides



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