



# 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