



## Montessori School of Covington "Absorbent Minds at Work"

## APPLICATION FOR ENROLLMENT

\*Fill out this form in its entirety. Do not leave anything blank or use N/A. Put an answer for <u>EVERY</u> question.

Child's Name_				
	First	Middle	Last	
Sex Birth	Date	Birth Place (city/state	2)	
Primary Langua	age	_		
Parent/Guardian's Name Cell Phone		Publish Cell Phone	Number Yes No	
Address		_ 1 4511511 5611 1 116116	7 Ndiliber1 6510	
/\ddic33			_	
Email Address				
Occupation		Employer		
Address		Work Phone		
Hobbies/Specia	al Talents			
Cell Phone		Phone Publish Cell Phone Number Yes No		
Address		1 ubilisti ocii i fioric Nullibei163No		
Audi 635				
Email Address				
Occupation		Employer		
		Work Phone		
	al Talents	<del></del>		
		Relationship		
Names/Ages of Siblings		Date of Birth		
rtamoon tgoo o		Date of Birth	<del></del>	
		Bato of Birtin		
Previous School	ol Experience			
Program requested:  Early Childhood (morning) Upper Elementary (9-12 yrs.)				
Early Childhood (morning & afternoon) _			Middle School (12-14 yrs.)	
Lower Elementary (6-9 yrs.)			After School (3 pm-6 pm)	
LOWEI LICITION	ary (0-5 yrs.)		Alter Genoor (3 pm-0 pm)	
Parent Signature			Date	
(New Applicants Of	nly) My application fee of \$25	is attached.		
Office use only	ived Date	Potoroneo letter received	Data	
Parent Interview	ivedDate Date	Reference letter received _ Parent handbook Dat	<del></del>	
Child Interview	Date Photo taken	Position Offered Date	e	
Position Not Availab	le Date	Added to Constant Contac	t Date	