



APPLICATION FOR ENROLLMENT

Student Information

Desired Date of Admission ____ / ____ / ____ Today's Date ____ / ____ / ____
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Last Name _____ First Name _____ Date of Birth _____ Male Female

Program Desired:

Nido Program (5 days): (8:30am – 12:00pm) (8:30am – 3:30pm) (8:30am – 4:30pm)

Toddler Program

3 Days (Mon, Wed, Fri) (8:30am – 12:00pm) (8:30am – 3:30pm) (8:30am – 4:30pm) (8:30am – 5:30pm)

5 Days (8:30am – 12:00pm) (8:30am – 3:30pm) (8:30am – 4:30pm) (8:30am – 5:30pm)

Primary Program (5 days): (8:30am – 12:00pm) (8:30am – 3:30pm) (8:30am – 4:30pm) (8:30am – 5:30pm)

Monthly Before School (5 days): (7:30am – 8:30am)

SIBLINGS

Name _____ Age _____

Name _____ Age _____

PARENT/GUARDIAN

Name: _____

Name: _____

Relationship to Student: ___ Father ___ Mother ___ Other: _____

Relationship to Student: ___ Father ___ Mother ___ Other: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Contact Information

Contact Information

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Parent(s) Guardian(s) are: Married Domestic Partners Single Separated Divorced Widowed Other, specify: _____

Please explain the family pattern and legal guardianship if the candidate does not live with both biological parents in one household. Who will be responsible for tuition payments, and to whom should correspondence be sent? _____

Additional Information you wish to share: _____



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Other Information

Primary language spoken in the home is _____ If not English, level of proficiency in English: High Average Low

Other schools/daycare centers attended:

School _____ Address _____

School _____ Address _____

Why do you seek a Montessori experience for your child? _____

Does your child have any known allergies? _____

Does your child have any dietary restrictions or preference? _____

Have any diagnostic evaluations (educational or psychological) ever been completed for your child? YES NO _____

Is your child currently receiving any special education services? YES NO _____

Is there anything special that you would like us to know about your child? _____

How did you hear about IMS? _____

Terms and Conditions

Your application is regarded as a formal request for consideration of your child as a potential student at Ithaca Montessori School, and as authorization for our office to contact your child's previous schools and request written or oral information and receive confidential transcripts, test results, and teacher recommendations.

I agree to the terms and conditions.

Parent/Guardian _____ Date _____

Ithaca Montessori School welcomes students and families of any race, color, religion, sex, gender expression and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the bases of race, color, religion, sex, gender expression and national or ethnic origin in the administration of its educational policies, admissions policies, and other school-administered programs.