

Administrative Office  
189-A Sams Street  
Decatur, Georgia 30030

# Montessori Academy Decatur Application Form

## CHILD'S INFORMATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Name of last school attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_

## PARENT 1 INFORMATION

Name: \_\_\_\_\_ Hm. Ph.: ( ) \_\_\_\_\_ Bus. Ph.: ( ) \_\_\_\_\_  
Cell Ph.: ( ) \_\_\_\_\_ Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Years there: \_\_\_\_\_ Bus. Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## PARENT 2 INFORMATION

Name: \_\_\_\_\_ Hm. Ph.: ( ) \_\_\_\_\_ Bus. Ph.: ( ) \_\_\_\_\_  
Cell Ph.: ( ) \_\_\_\_\_ Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Years there: \_\_\_\_\_ Bus. Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

DESIRED PROGRAM				WHAT DATE WOULD YOU LIKE TO START? _____					
Infant				<input type="checkbox"/>	All Day (7:30am – 6:00pm)				
Toddler	<input type="checkbox"/>	Half Day (8:30am-12:00pm)	<input type="checkbox"/>	School Day (8:30am-3:00pm)	<input type="checkbox"/>	All Day (7:30am – 6:00pm)			
Preprimary	<input type="checkbox"/>	Half Day (8:30am-12:00pm)	<input type="checkbox"/>	School Day (8:30am-3:00pm)	<input type="checkbox"/>	All Day (7:30am – 6:00pm)			
Primary				<input type="checkbox"/>	School Day (8:30am-3:00pm)	<input type="checkbox"/>	All Day (7:30am – 6:00pm)		
<b>HEALTH INFORMATION</b>									
Does your child have allergies, or other health, physical, emotional, educational needs?				<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
If "Yes" please describe briefly and list any medications taken:									
<b>HOW DID YOU INITIALLY HEAR OF US (please check one)?</b>									
Referral	<input type="checkbox"/>	Internet Search	<input type="checkbox"/>	Received Mailer	<input type="checkbox"/>	Drove By	<input type="checkbox"/>	Newspaper or Magazine ad	<input type="checkbox"/>
<b>ELEMENTARY SCHOOL PREFERENCE</b>									
When you think about your future plans, do you foresee enrolling your child in public or private school?				Private	<input type="checkbox"/>	Public	<input type="checkbox"/>		

## APPLICATION PROCESS

If applying for a NEW student, please submit payment of the \$85 application fee along with this form. Upon receipt of your completed application, we will schedule an interview for your child with one of our teachers. The interview familiarizes the child with the school and establishes a mutual understanding of Montessori education between the family and school.

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Tour Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Fee Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_