

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)		
HEALTH INFORMATION									
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:									
HOW DID YOU INITIALLY HEAR OF US (please check one)?									
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"/>
ELEMENTARY SCHOOL PREFERENCE									
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: ____/____/____