

# A CHILDREN'S HABITAT MONTESSORI SCHOOL

## NEW STUDENT APPLICATION FORM



*A Children's Habitat*  
MONTESSORI SCHOOL

For questions, please contact the office at (317) 726-5584.

Date of Submission: \_\_\_\_\_ *mm/dd/yyyy*

App Rec _____
Check # _____
Amount _____

**Please submit one form per child.** A non-refundable application fee of \$50.00 per child must accompany this form and will not apply to your child's tuition. Children will only be admitted with the approval of lead teachers and Head of School. A Children's Habitat is a not-for-profit 501(c)(3), non-discriminatory, Montessori school established in 1972. Please return form(s) with payment(s) to **A Children's Habitat, c/o "Admissions," 801 West 73rd Street, Indianapolis, IN 46260**, with checks made payable to A Children's Habitat.

I am interested in the following programs and prefer my child to start \_\_\_\_\_ *mm/dd/yyyy*

**Early Years:** 3 Days \_\_\_\_\_ 5 Days \_\_\_\_\_ **Lunch Bunch** \_\_\_\_\_ **3-to-6:** Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

**Bridge to Elementary** \_\_\_\_\_ **Elementary I** \_\_\_\_\_ **Elementary II** \_\_\_\_\_

Name of Student: \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous School(s) Attended: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alternate/Secondary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARENT CONTACT INFORMATION

Parent Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_