

For Office Use Only
Application Date: _____
Check #: _____
Start Date: _____
Class: _____



MONTESSORI BY THE SEA APPLICATION FOR ADMISSION

STUDENT INFORMATION

Full Name: _____
Last First MI

Address: _____
Street Address City/State Zip Code

Phone (Home): _____

Age: _____ Date of Birth: ____/____/____ Gender: _____

Siblings [name(s) and date of birth]: _____

Primary Language Spoken in the Home: _____

Has your child ever been tested for any of the following:

- Speech Hearing Screening Attention Deficit Disorder(ADD/ADHD)
 Learning Disability Other Health Impairments : _____

PROGRAM OF INTEREST:

- Primary/Early Childhood Half Day Full Day Full Day + Aftercare
 Kindergarten Kindergarten + Aftercare
 Lower Elementary (Grades 1 – 3) Upper Elementary (Grades 4 – 6)

PARENT/GUARDIAN INFORMATION:

Student lives with: Both Parents Mother Father Guardian _____
RELATION TO STUDENT

Mother's Name: _____
(or Guardian) Last First Middle

Address: _____
Street City/State Zip Code

Phone: Home _____ Cell _____ Email _____

Occupation: _____ Employer: _____



Student Name: _____

Father's Name: _____
(or Guardian) Last First Middle

Address: _____
Street City/State Zip Code

Phone: Home _____ Cell _____ Email _____

Occupation: _____ Employer: _____

PREVIOUS SCHOOL(S) ATTENDED:

School: _____ Grade: _____

Address: _____
Street City/State Zip Code

School: _____ Grade: _____

Address: _____
Street City/State Zip Code

Has your child attended a Montessori school before? Yes No

The non-refundable application fee is enclosed to help cover the cost of processing the application.

Parent Signature

Date

Parent Signature

Date

Montessori by the Sea
1603 Gulf Way
St. Pete Beach, FL 33706
(727) 360-7621

Montessori by the Sea does not discriminate on the basis of race, color, religion, national or ethnic origin.