

**THE MONTESSORI SCHOOL OF HERNDON**

**APPLICATION FOR ADMISSION**

840 Dranesville Road, Herndon, VA 20170 Phone: 703-437-8229  
www.Montessori-va.com Email: Admissions@montessori-va.com

Date of Application \_\_\_\_\_ Starting Date \_\_\_\_\_

Please accept my child \_\_\_\_\_ below for the \_\_\_\_\_ following program (s)

8:30am- 12:00pm  8:30am- 1:00pm  8:30am- 3:00pm  12:00pm-3:00pm

8:30am-3:00pm Elementary (K-6)

Extended Care: (Please check one)

From 7:00am \_\_\_\_\_ 7:30am \_\_\_\_\_ Until 4:30pm \_\_\_\_\_ 5:30pm \_\_\_\_\_ 6:00PM \_\_\_\_\_ 6:30PM \_\_\_\_\_

Number of Days: (Please check one)

5 Days M-F \_\_\_\_\_ 3 days \_\_\_\_\_ (Days upon availability)

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Siblings & Ages: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Business/Cell Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

If your child attended a preschool or a playgroup before, list its name and briefly describe any significant experiences of your child.

Please describe your child giving his/her habits, reactions, any medical conditions requiring special attention, such as allergies to food, pollen, grass, etc.

What would you like this school to accomplish for your child?

How did you hear about this school?

I understand that upon enrollment, I am required to provide proof of my child's identity and age to the school: copy of birth certificate and a medical form signed by a doctor. I further understand this application is not accepted or to be considered such until the pupil is interviewed with one or both parents and notice of acceptance is received.

- Enclosed is the application fee of \$ \_\_\_\_\_ This fee is not refundable for any reason

Parent (s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$ Dollars non-refundable fee must accompany this application for admission.**

Payment Plan (Please check one): \_\_\_\_\_ Annual \_\_\_\_\_ Biannual \_\_\_\_\_ Monthly Installments

**For Office Use Only:**