

THE MONTESSORI SCHOOL OF HERNDON

APPLICATION FOR ADMISSION

840 Dranesville Road, Herndon, VA 20170 Phone: 703-437-8229

www.montessori-va.com Email: msherndon84@gmail.com

Date of Application _____ Starting Date _____

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

8:30am - 12:30pm 8:30am - 3:00pm 8:30am-3:00pm Elementary (K-6)

Extended Care: (Please check one)

From 7:30am _____ Until 4:30pm _____ 5:30pm _____

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: _____

Parent's Name: _____ Parent's Name: _____

Parent's Occupation: _____ Parent'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 \$75. 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:

Revised 03/16/16