



Date of Application: \_\_\_\_\_  
**Application Fee of \$75.00 must accompany this form**

Application for Admissions  
**(Please Print Clearly)**

Student Information

Student Name \_\_\_\_\_  
*Last Name First Name M Preferred Name*

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
*Birth Date Age Place of Birth*

English Proficiency \_\_\_\_\_ Fluent \_\_\_\_\_ Needs Assistance \_\_\_\_\_  
*Language(s) spoken at home*

Home Address \_\_\_\_\_  
*Street City State/Zip Home Phone*

Mailing Address \_\_\_\_\_  
*Street City State/Zip Home Phone*

Parent Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single

Student lives with \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other, please specify \_\_\_\_\_

Previous/Current School Experience \_\_\_\_\_

Parent/Guardian Information

Father's Name \_\_\_\_\_  
*Last First Cell*

Address: \_\_\_\_\_  
*(If different from student's home address)*

Occupation \_\_\_\_\_ Employer Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
*Last First Cell*

Address \_\_\_\_\_  
*(If different from student's home address)*

Occupation \_\_\_\_\_ Employer Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Student History

Does your child have any physical health concerns of which the school should be aware? \_\_\_No \_\_\_Yes

If yes, please specify \_\_\_\_\_

Describe any medical situation or physical limitation which would help us work more effectively with your child in the classroom \_\_\_\_\_

\_\_\_\_\_

How did you learn about Montessori School of Aberdeen? \_\_\_\_\_

I wish to have my child attend Montessori School of Aberdeen \_\_\_\_\_

\_\_\_\_\_

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IN COMPLIANCE WITH THE AMERICAN DISABILITIES ACT (ADA), OUR SCHOOL  
ACCEPTS CHILDREN WITH DISABILITIES WITHIN REASONABLE BOUNDARIES AS  
SET FORTH IN THE GUIDELINES.  
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Application Procedure:

- Submit completed application form with application fee
- Schedule appointment for parent observation
- Submit non-refundable registration fee within ten (10) days of confirmation of child's enrollment

Please submit this application to the Montessori School of Aberdeen with a \$75.00 nonrefundable application fee. I understand openings are available on a first come, first served basis and that Montessori School of Aberdeen will contact me via email when an opening becomes available.

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***Parent/Guardian Signature***

***Date***

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***PRINT Parent/Guardian Name***

Montessori School of Aberdeen  
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Phone: 605-725-2269  
montessori.aberdeen@gmail.com