



## Application for Admission

*School year:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

The Lake Cities Montessori School is a Montessori learning environment in accordance with all Montessori guidelines and philosophy.

**The Lake Cities Montessori School's open admission does not discriminate against race, color, religion, gender, ethnic or nationality.**

Student's Full Name \_\_\_\_\_ Name Used (if any) \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Social Security # \_\_\_\_\_

Date of Start \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Home address \_\_\_\_\_

Who does the child live with? (Please check all that apply)

Mother  Father  Legal Guardian  Other (Please indicate) \_\_\_\_\_

Are parents separated or divorced?  Yes  No if so who is the guardian? \_\_\_\_\_

Father's name (or Legal Guardian) \_\_\_\_\_ D.L. # \_\_\_\_\_

Occupation \_\_\_\_\_ Day time Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's name (or Legal Guardian) \_\_\_\_\_ D.L. # \_\_\_\_\_

Occupation \_\_\_\_\_ Day time Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about Lake Cities Montessori School? \_\_\_\_\_

Please list any previous schools the child has attended

	Name of School	Address	Dates Attended
1)	_____	_____	_____
2)	_____	_____	_____

Is English the primary language spoken at home?  Yes  No

If not, what language is primarily spoken at home? \_\_\_\_\_

Please describe the child's health \_\_\_\_\_  
\_\_\_\_\_

Do you believe your child has any attention, learning, or behavioral difficulties?  Yes  No  
Please specify if you have noticed any \_\_\_\_\_  
\_\_\_\_\_

How would you describe your current role in your child's education? (if applicable)  
\_\_\_\_\_

Siblings information if are living with the applicant:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

May you provide us any further information regarding your child to get a better understanding of your child?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please bring the application (along with the \$150 application fee) to the school or mail to:  
Lake Cities Montessori, 1935 E Centerville Road, Garland Texas 75041

