

Application For Admission

Please attach a recent photo of your child.

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Child's Name
Date of Birth
Place of Birth
Primary Language
Address
Home Phone
Admission for Fall of What Year? (Or start date if during year)
Applicant's Siblings (if any)
Sibling Name and Date of Birth
Sibling Name and Date of Birth
Sibling Name and Date of Birth
Parent / Guardian Information
A. Name and Address
Cell Phone and Email
Employer, Position
Work Hours
B. Name and Address
Cell Phone and Email
Employer, Position
Work Hours

ls your child currently receiving therapy of any kind, or has your child in the past received therapy?
Does your child have an Individual Healthcare Plan (IHP) for a condition they may have?
Why are you considering Forbes Hill Montessori School and what kind of experience do you hope your child to receive while attending?
The Montessori Primary Program is 3 years, covering Preschool and Kindergarten. Typically, children move on when they are entering First Grade. How many years are you hoping that your child will spend at FHMS'
How did you learn about Forbes Hill Montessori School?
Application Fee Please return this form with a non-refundable application fee of \$75 made payable to: Forbes Hill Montessori School
Non-Discrimination Policy Forbes Hill Montessori School does not discriminate against individuals on the basis of race, creed, religion, national origin, cultural heritage, age, gender, marital status, political beliefs, disability, sexual orientation, or family style, in its admissions, employment policies and procedures.
Signature of Parents / Guardians
Date
Date