



GLENDALE MONTESSORI SCHOOL

- EST. 1971 -

# APPLICATION

Student Name \_\_\_\_\_  
LAST FIRST MIDDLE

Birth Date \_\_\_\_\_ Age at time of admission \_\_\_\_\_  Boy  Girl  Prefer not to say

Date of desired admission \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY ZIP

Parent/Guardian \_\_\_\_\_  
LAST FIRST MIDDLE

Profession \_\_\_\_\_ Name of company \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
LAST FIRST MIDDLE

Profession \_\_\_\_\_ Name of company \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list every school that your child has attended  
SCHOOL NAME

SCHOOL PHONE

Montessori Experience (Please share how you became familiar with the Montessori Method)

Referred by (Please share how you learned about our school)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I'm enclosing a non-refundable application fee of \$250.00.

**Make checks payable to:  
Glendale Montessori School**