



Application for Enrollment for School Year 2016-2017

Please submit completed application to Montessori Farm School with a \$75 application fee.

Child's Name: _____

Sex: _____ Birth date: _____

Parent's name: _____

Address: _____

Phone: (H) _____ (W) _____

(C) _____

Email: _____ Occupation: _____

Parent's name: _____

Address: _____

Phone: (H) _____ (W) _____

(C) _____

Email: _____ Occupation: _____

Preferred time of day to contact you: _____

Preferred means of communication: _____

How did you hear about our school?

Tell us a little about your child and your wishes for his/her education.



*Has your child been diagnosed as having special learning and/or behavioral needs? If yes, please explain. (Please feel free to use the other side, if needed.)

*In order to meet the needs of your child, please describe any disabilities/differences (physical, emotional, mental, language barriers, family situation) which affect your child's learning and/or behavior.

**Failure to disclose this information could result in removal from our school. Your comments on this form and in any subsequent conversation will be kept confidential.*

(Office use only) Date received: _____ Received by: _____ Fee paid: _____