

Application

*The Elizabeth Ann Clune Montessori School of Ithaca
120 E. King Rd, Ithaca, NY 14850*

For internal use only

Date Received _____ Check# _____
Application Fee _____
!/2 Day Primary _____
Full Day Primary _____
Extended Day _____
Junior Level _____
Upper Level _____
Middle School _____

Child's Full Name _____

Name Used _____

Home Address _____

Home Phone _____ Email _____

Date of Birth _____ Sex _____

Siblings Names and Dates of Birth _____

Other living with family _____

Parent's Name _____ Occupation _____

Name of Firm _____ Business Phone _____

Home Address _____ Home Phone _____
(if different) (if different)

Talents, hobbies, special interest _____

Parent's Name _____ Occupation _____

Name of Firm _____ Business Phone _____

Home Address _____ Home Phone _____
(if different) (if different)

Talents, hobbies, special interest _____

Grandparents' Names

Address _____ Phone # _____

Grandparents' Names

Address _____ Phone # _____

Grandparents' address will be used for mailings and development information.

What kind of care has your child received outside your home (day care, playgroups, with grandparents.)

What previous school experience has your child had? (type of school and years attended)

What do you hope your child will gain from a Montessori Environment?

Does your child have any special behavior problems?

Have there been any unusual occurrences in your child's life? (death in family, Extended hospitalization, Moving, divorce, etc.) _____

Does your child have any special fears? _____ If so, please specify _____

Has your child ever been referred for or diagnosed with any speech/hearing problems or learning difficulties? _____

If so, is s/he receiving special help for this? _____

Does your child have any special medical needs or allergies? _____ please specify _____

Do you have any comments that you feel may add to our understanding of your child and his/her needs? (adoption, special family circumstances, etc.) _____

I wish to enroll my child in _____, 20____. At that time, my child will be ____ years and ____ months old.

How long do you plan to keep your child in Montessori? _____

Please attach testing results and/or recommendations, if any.

Please forward to:

The Elizabeth Ann Clune Montessori School of Ithaca
120 East King Road
Ithaca, New York 14850

Upon receipt of the application we will place your child's name in our waiting pool. We will contact you when a space is available. Please call our office for further information.
