

# 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.)

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

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

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Does your child have any special behavior problems?

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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.) \_\_\_\_\_

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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.

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