

**DAKOTA MONTESSORI SCHOOL
PRE-APPLICATION FOR ADMISSION**

CHILD'S FULL NAME _____

DATE OF BIRTH OR EXPECTANT DATE ___/___/___ AGE ___ MALE/FEMALE
Circle One

MOTHER'S NAME _____ **MAIDEN** _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ CELLULAR _____ WORK _____

OCCUPATION _____ EMPLOYER _____

FATHER'S NAME _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ CELLULAR _____ WORK _____

OCCUPATION _____ EMPLOYER _____

PLEASE INDICATE WHICH PROGRAM YOU ARE INTERESTED IN:

INFANT **TODDLER** **PREPRIMARY** **KINDERGARTEN** **ELEMENTARY**
(6 wks-18+mo.) (18mo.-2.5+yrs.) (2.5-6yrs.) (5-6 yrs.) (grades 1-6)

Full Day / Extended Day Full Day / Extended Day A.M. / P.M. / Full Day
Extended Day Full Day / Extended Day Full Day / Extended Day

HOW DID YOU HEAR ABOUT DAKOTA MONTESSORI?

PLEASE DESCRIBE YOUR CHILD IN A FEW WORDS _____

IS YOUR CHILD CURRENTLY ENROLLED IN ANOTHER CENTER/SCHOOL? _____
NAME _____

HOME CARE? _____ PLAY EXPERIENCE? _____

RECOGNIZING THAT YOUR CHILD IS AN INDIVIDUAL, DOES HE OR SHE HAVE ANY SPECIALNEEDS?

WHAT DO YOU EXPECT YOUR CHILD TO GAIN FROM DAKOTA MONTESSORI?

**PLEASE SIGN AND RETURN THE PRE-APPLICATION FORM. YOU WILL BE CONTACTED FOR A TOUR
WHEN AN OPENING BECOMES AVAILABLE.
THANK YOU FOR YOUR INTEREST IN DAKOTA MONTESSORI SCHOOL.**

PARENT(S) SIGNATURE _____ DATE _____