



Rosewood Montessori

APPLICATION FOR ADMISSION

Student's Name _____ Male Female Birth date _____

Address _____ City _____ State _____ Zip code _____

Name of Father/Guardian _____ Home Phone _____

Occupation of Father/Guardian _____ Work Phone _____

E-mail Address of Father/Guardian _____

Name of Mother/Guardian _____ Home Phone _____

Occupation of Mother/Guardian _____ Work Phone _____

E-mail Address of Mother/Guardian _____

Names and ages of siblings: _____

Child's previous experience: _____

Toilet Trained? Yes ___ No ___

Indicate any medical concerns or other conditions affecting your child:

What are your expectations?

Please return the completed Application Form with Application Fee. This fee is non-refundable _ \$50.

Please select from the following:

Full Day (9:00am - 3:30pm)

Extended Day Package (8:00am -5:30pm)

Parent/Guardian Signature: _____

Date: _____