



KEYSTONE MONTESSORI SCHOOL

Application for Admission

Child's Name _____

Date of Birth _____ Gender _____

Parent's Names _____

Parent's Names _____

Home Address _____

Home Phone _____ Cell Phone _____

Primary Email _____ Other Email _____

Names of Siblings and Ages _____

School child currently attends & contact information (if applicable) _____

I am applying for: Fall 20____ Winter 20____ Summer 20____

Class Level:

PARENT-INFANT ____ TODDLER* ____ TODDLER PLUS ____

PRIMARY MORNING ____ PRIMARY PLUS ____ PRIMARY EXTENDED DAY (KINDERGARTEN) ____

JR. ELEMENTARY (1-3rd grade) ____ SR. ELEMENTARY (4th-6th grade) ____ MIDDLE SCHOOL ____

*Toddler Days requested: __M/W __T/Th __M/W/F __M/T/W/Th __M/T/W/Th/F

For Office Use Only: Date _____ Class _____ App. Fee _____

Keystone Montessori School does not discriminate in admissions or placement on the basis of sex, gender, race, or creed.