



TRINITY MONTESSORI SCHOOL APPLICATION FOR ADMISSION

Child's Name _____
(Last) (First) (Middle)

Home Address _____
(Street Address) (City, State, Zip)

Preferred Phone _____ Date of Birth _____ Age _____ Gender _____

Nationality: Am. Indian _____ Black _____ Asian _____ Hispanic _____ White _____

Place of Birth _____ Citizenship _____
(City) (State) (County)

School District _____ Religion _____

Parent/Guardian Information:

Please circle ALL that apply to the people listed below.

MARRIED DIVORCED SEPARATED SINGLE PARENT HOUSEHOLD DOMESTIC PARTNERS
FATHER HAS CUSTODY MOTHER HAS CUSTODY JOINT CUSTODY CHILD LIVES WITH STEP-PARENT
(Please provide a copy of custody agreement)

Guardian 1 Information: (Please circle) **Parent Step Parent Nonparent Guardian Male Female**

Full Name _____ Dr. Mr. Ms. Mrs. Other _____
(Last) (First) (Middle)

Home Address _____

Place of Birth _____ Age _____ Citizenship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer Information _____
(Name of Employer) (Title & Occupation)

Email Address _____

Guardian 2 Information: (Please circle) **Parent Step Parent Nonparent Guardian Male Female**

Full Name _____ Dr. Mr. Ms. Mrs. Other _____
(Last) (First) (Middle)

Home Address _____

Place of Birth _____ Age _____ Citizenship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer Information _____
(Name of Employer) (Title & Occupation)

Email Address _____

School Information:

Current School _____ Current Grade _____

Previous School Attended _____ Dates _____

Has a sibling previously attended Trinity Montessori? Yes No If yes, name/year _____

What Trinity program are you interested in? (Please Check)

Toddler Program:

- ___ 2 Day (Th, F)
- ___ 3 Day (M, T, W)
- ___ 5 Day (M, T, W, Th, F)

3-6 Primary Program:

- ___ 3 and 4 Year Olds (til 11:30am)
- ___ Extended Day 4 Year Olds (til 3pm)
- ___ Extended Day 5 Year Olds (til 3pm)

Elementary Program:

- ___ Lower Elementary (grades 1-3)
- ___ Upper Elementary (grades 4-6)

Are you interested in our Before and After School Care Program? _____

Additional Information:

Number of Children in Family _____ Rank of this Child _____

Is he/she Toilet Trained? Yes No Partially

Trinity Montessori School abides by all New York State mandates regarding health and immunizations. Please check the box in acknowledgment that you have read this statement.

Has the applicant had any educational testing or psychological testing, other than for admission? If yes, please give date & reason. _____

Does the applicant have an IEP (Individualized Educational Plan)? Yes No

Does the applicant have a record of disciplinary action? Yes No

Please share with us:

How did you learn about Trinity Montessori School? _____

Do you or the applicant know anyone in the Trinity Montessori Community? Please list

_____, _____, _____

Key factors influencing your application to Trinity Montessori School: (Please circle all that apply)

- | | | | | |
|------------------|---------------------|-----------|------------|-----------|
| REPUTATION | FACILITIES | FACULTY | CURRICULUM | COMMUNITY |
| GYM/OUTDOOR PLAY | WRAP AROUND PROGRAM | MUSIC/ART | SECURITY | |

For Office Use Only

Sent _____ Received Back _____ Interview _____ Fee Paid _____

Trinity Montessori School Inc. is non-discriminatory on the basis of race, religion, sex or national origin.