

Application for Admission West Suburban Montessori School

Please fill in as completely as possible. If an Item does not apply, enter N/A.

Application is hereby made for: _____	
Date of Birth: _____	Sex: Female Male
Home Address: _____	Home Phone: _____

Mothers' Name: _____	E-mail Address: _____
Home Address: _____	
Employer: _____	Home Phone: _____
Work Address: _____	Work Phone: _____
Father's Name: _____	E-mail Address: _____
Home Address: _____	
Employer: _____	Home Phone: _____
Work Address: _____	Work Phone: _____
Siblings (names and ages): _____	Child's previous pre-school experience: _____
_____	_____

I am interested in enrolling my child for the academic year 20____ to 20_____.

I am interested in the following: (check all that apply)

- ____ Morning Montessori (8:30-11:30)
- ____ Extended Day Montessori (8:30 – 2:30)
- ____ Additional Child Care Hours
- ____ Full Day (7:00 a.m. – 6:00 p.m)

West Suburban Montessori School admits children of any race, color, ethnic background or national origin. It is agreed that acceptance of children is on an individual basis after an interview with a faculty member. Consideration is given to class composition and available space.

Your response to the following is voluntary and will not adversely affect your application. The information is requested so that this institution may demonstrate its compliance with federal regulations. Failure to provide this information will not subject you to any adverse treatment.

- 1) Native American or Alaskan Native _____
- 2) Mexican American _____
- 3) Asian or Pacific Islander _____
- 4) Puerto Rican _____
- 5) African American (not of Hispanic origin) _____
- 6) Cuban _____
- 7) White (not of Hispanic origin) _____
- 8) Other Hispanic _____

Date Received: _____
Application Fee: _____

**Please send completed application along with a \$25 non-refundable application fee to:
West Suburban Montessori School
1039 S. East Avenue Oak Park, IL 60304**