



Student Application

Student Information

Student's Full Name _____ Date of Birth ___/___/___

Name your child prefers to be called _____ Gender _____

Check the program you are applying for: ___ Half-Day Preschool (ages 3-4) ___ AM ___ PM

___ Full-Day Preschool/Kindergarten (ages 3-6)

___ Lower Elementary (ages 6-9)

___ Upper Elementary (ages 9-12)

Guardian _____ Phone # _____

Address _____ City, Zip _____

Email _____ Pronouns _____

Guardian _____ Phone # _____

Address (if different) _____ City, Zip _____

Email _____ Pronouns _____

School District of Residence _____

Why did you choose a Montessori school for your child's education? _____



Check scholarship for which you plan to apply, if any: ___ EdChoice Income Verified

___ EdChoice not income verified

___ None

Registration Fee due with application **\$50.00** ___ cash ___ check

**This is a two-sided form.*

***This form must be completed and signed by a legal guardian to be considered for enrollment.*



Educational Background

Last School Attended _____ Phone _____

Address _____ Last grade completed _____

May we contact your previous school? _____ Contact person _____

Why are you seeking a new school for your child? _____

Please attach a written explanation on a separate page or appropriate documentation if any of the following applies to your child:

Is your child currently receiving regular treatments or therapies (speech, vision, OT, etc.)? _____

Has your child experienced behavioral or physical developmental delays? _____

Does your child have any physical, learning or other disabilities (diagnosed or otherwise)? _____

Is your child currently on any regular medications? _____

Is there a custody arrangement or other legal documentation pertaining to your child? _____

If elementary, do you have copies of your child's progress reports for the last year? _____

Please tell us about any special needs, concerns, abilities, or other items you would like us to know about your child/family that were not previously mentioned:

I, the parent/guardian of the applicant, understand that a non-refundable \$50 registration fee is due with this application per family and does not guarantee acceptance into the program. I understand that students are admitted for the full academic year and that I am responsible for paying the annual tuition amount regardless of attendance, as outlined in the Parent Handbook. If DMS staff or the parents decide that the child is not benefitting from the program, the child may be released by the program or the parents may submit a withdrawal request. I agree to indemnify Dayton Montessori Society, their teachers and staff, against any claims and demands made by or on behalf of the applicant.

Signature of Parent/Guardian _____ Date _____

Dayton Montessori Society Schools provides equal educational and employment opportunities for students and staff, regardless of race, gender, ethnicity, or sexual-orientation. Records are considered confidential, available to parents and guardians upon request. Records or contact information will only be released to other schools or agencies with written permission from the parents/guardians and upon payment in full of all related accounts.

For Office Use Only

Tour _____ Observation _____ Workshop _____ Deposit _____ Wait List/ Enrollment _____