Milpitas Montessori School
1500 Yosemite Drive
Milpitas, CA 95035
(408) 263-0991

APPLICATION FOR ADMISSION

Name of child _____
First Middle Last

Home Address _____
Street City State Zip

Home Phone _____ Sex: M or F Birthdate _____

Hours of attendance: From _____ a.m./p.m. to _____ a.m./p.m. Start Date _____

Last school attended (if any) _____
School Name Address Date of attendance

How did you hear about our school? Please check one below:
è From a friend
è From an ad (please specify publication:
_____)
è From the internet (please specify website:
_____)
è Other (please specifiy:
_____)

Father's Name _____ Daytime Phone _____

Father's job title _____ Name of employer _____

Mother's Name _____ Daytime Phone _____

Mother's job title _____ Name of employer _____

In the event your child's physician cannot be reached during a medical emergency, what action do you wish the school to take? _____

Would you like for your child to take daily naps from 12:00 pm to 2:00 pm? _____

If your child has allergies and/or food restrictions (e.g., cannot eat nuts, beef, pork, red meat, etc.) we should be aware of, please list:
_____

Will your child need school lunch every day? _____

Signature of Parent/Guardian _____ Date _____