



St. Mark's Montessori School Application

___ \$125.00 non-refundable School application fee;

\$75.00 non-refundable application fee for Church members or siblings in our school in the same year.

___ \$125.00 non-refundable BAC application fee (Please check if needed)

Child's Name: _____ Gender: M F

Child's Birth date: _____ Home Contact # _____

Home Address: _____

Mothers Name: _____ Occupation: _____
First Last

Employer: _____ Business Address _____
Work #: _____ Cell #: _____ E-mail: _____

Father's Name: _____ Occupation: _____
First Last

Employer: _____ Business Address _____

Work #: _____ Cell #: _____ E-mail: _____

Is child cared for by anyone other than parents? Yes No

Facility Type: Family/Friend Home Daycare Daycare Center Preschool Other

Providers Information: _____

Adults other than parents regularly in the home? _____

Are either parents members of St. Mark's Lutheran Church? _____

Does the child have any chronic physical problems? _____

Is there another language spoken in the home? _____ What? _____

How did you hear about St. Mark's School? _____

Why do you want a Montessori education for your child? _____

Other children in the family:

Name & Age: _____ Name & Age: _____

Name & Age _____ Name & Age: _____

I understand that St. Mark's Montessori Schools' Primary Program is a 3 year program; all students are expected to remain at SMMS through his/her kindergarten year.

Signature of Parent/Guardian Print Name Date _____

Signature of Parent/Guardian Print Name Date _____