

Admission Application 2024-2025

OFFICE USE ONLY

Date Received______
New Student Application Fee Paid______

New students: please complete in full and submit to complete the admission process. The application must be received with the non-refundable application fee of \$75.00. Make checks payable to Montessori School of Franklin.

For enrol	Iment beginning	, 20_		
Child's Na	ame			Sex
	first	middle	last	
Date of Birth (must be 18 months old before school begins in August)				ns in August)
What do	es the child like to b	pe called?		
Child's H	ome Address			
Program of Interest:		Toddler 5 Full Day	Toddler 5 Half D	Day
		Primary 5 Full Day	Primary 5 Half D	Day
		Kindergarten (5 Day F	ull Day only)	
		Elementary		
Previous	School Experience			
How did	you hear about Mo	ntessori School of Franklin?		
0.4 a ± la a		U	ou Call Dhana	
Mother ₋		Home and/o	or Cell Phone	
	Home Address _			
	Occupation	Work Phone		
	E-mail Address			
Father _		Home and/o	or Cell Phone	
	Home Address _			
	Occupation		Work Phone	
	E-Mail Address			

Sibling's Name	Date of Birth	School
		_
Please indicate any med	dical conditions including allergies	of which the staff should be aware.
	s experienced any special challeng experience, please describe them	es or circumstances that may or you may request a conference with the
Why do you feel that M	SF is an appropriate choice for you	ur family?
How do you feel your ch	nild will benefit from a Montessori	experience?
Parent/Guardian signat	ure	date
Parent/Guardian signat	ure	date

Montessori School of Franklin does not discriminate on the basis of race, color, nationality or ethnic origin on any policies or programs.