



Hands-On Montessori School

12 Creeden St Mansfield, MA 02048

508-339-4667 (HOMS)

Email: admin@homontessori.com

Website: www.homontessori.com

ELEMENTARY APPLICATION (6 - 9 Year olds: Grades 1-3)

Child's Name _____ Male/Female _____

Nickname _____ Date of Birth ____/____/____

Primary Language _____ Second Language _____

Home Address _____

Home Phone () _____ - _____ E-mail _____

Parent/Legal Guardian # 1 _

Occupation _____ Business Phone () _____

Parent/Legal Guardian # 2_

Occupation _____ Business Phone () _____

Other Primary Caregiver _____

Others Living in the Home (names, ages, relationship) _____

Child's Previous School Experience: _____

What do you hope your child will gain from a Montessori education? _____

When would you like to enroll your child (month & year)? _____

How many years do you intend to enroll your child? _____

What talents, skills, and/or resources would each parent bring to the school? _____

Where did you first learn of Hands-On Montessori School? _____

A \$55.00 non-refundable application fee must accompany this application.

(Parent's Signature)

(Date)

Office Use Only:

Application Received: _____/_____/_____ Male/Female _____

Age: September 20_____: _____ years _____ months

Interview Conducted: _____/_____/_____ Results: _____
