

ADMISSIONS: 11530 MADISON ROAD ♦ HUNTSBURG, OH 44046 ♦ PHONE: 440.636-6290 ♦ FAX: 440.636-5665
EMAIL: RDILL@HERSHEY-MONTESSORI.ORG

APPLICATION FOR ENROLLMENT FOR _____ SCHOOL YEAR

GENERAL INFORMATION

STUDENT INFORMATION:

Last Name: _____ First: _____ Middle: _____
 Nickname: _____ Female Male
 Home Address: _____ City: _____ State: _____
 Country: _____ Postal Code: _____ Telephone: _____
 Country of Birth: _____ Citizenship: _____
 Home Language: _____
 Date of Birth: _____ Present Age: _____ Present Grade: _____
 Application for: 7th Grade 8th Grade 9th Grade
 10th Grade 11th Grade 12th Grade
 5 Day Boarding Student 7 Day Boarding Student Day Student

Current School

Name: _____
 Address: _____ City: _____ State: _____
 Country: _____ Postal Code: _____ Telephone: _____
 Name of Principal or Director: _____

Montessori Experience:

School Name: _____ Grade Levels: _____

Other Schools Attended in the Past Three Years:

School Name: _____ Grade Levels: _____



Hershey Montessori School does not discriminate on the basis of gender, race, creed, ethnic or national origin, religion, disability, age, or sexual orientation in its admissions policy, financial aid program, or other educational policies.

GENERAL INFORMATION (CONTINUED)

MOTHER, FATHER AND/OR GUARDIAN

~ PARENT/GUARDIAN 1 ~

Legal Name: _____

Preferred Name: _____

Relationship to Applicant: Mother Father Guardian
(please circle)

Address: _____
(if different than child's)

Home Phone (if different): (____) _____ - _____

Cell/Mobile Phone: (____) _____ - _____

Pager: (____) _____ - _____

Personal Email: _____

Occupation: _____

Workplace: _____

Address: _____

Work Phone: (____) _____ - _____

Work Email: _____

- Check if Appropriate:
- Mother Deceased
 - Father Deceased
 - Parents Divorced
 - Parents Separated

~ PARENT/GUARDIAN 2 ~

Legal Name: _____

Preferred Name: _____

Relationship to Applicant: Mother Father Guardian
(please circle)

Address: _____
(if different than child's)

Home Phone (if different): (____) _____ - _____

Cell/Mobile Phone: (____) _____ - _____

Pager: (____) _____ - _____

Personal Email: _____

Occupation: _____

Workplace: _____

Address: _____

Work Phone: (____) _____ - _____

Work Email: _____

- Student Lives With:
- Mother
 - Father
 - Both
 - Other

Name(s) of Stepparents: _____

SIBLINGS:

Name(s)	Age	Date of Birth	Sex	
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male



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GENERAL INFORMATION (CONTINUED)

I/We do hereby attest that the information contained in this application is true and accurate to the best of my/our knowledge. I/We further acknowledge that the submission of this application permits The Hershey Montessori School to review transcripts, test scores, evaluations, and recommendations about the applicant in the determination of admission. I/We hereby certify that I/We will notify The Hershey Montessori School if I/we wish to withdraw this application and halt the review process.

Child's Name: _____

Parent/Guardian's Signature: _____

Printed Name: _____ Date: _____

Parent/Guardian's Signature: _____

Printed Name: _____ Date: _____

(If the child is in the custody of only one parent, only that parent's signature is required on this form and on all forms throughout the application.)

HOW DID YOU HEAR ABOUT HERSHEY MONTESSORI SCHOOL (CHECK ALL THAT APPLY)?

- INTERNET SEARCH
- WORD OF MOUTH
- FACEBOOK/INSTGRAM
- OTHER: _____
- CURENT HERSHEY FAMILY (PLEASE NAME FAMILY SO WE MAY THANK): _____
- STUDENT/FAMILY ALUMNI (PLEASE NAME FAMILY SO WE MAY THANK): _____

FOR OFFICE USE ONLY	
APPLICATION FEE RECEIVED: \$ _____	CAMPUS VISIT: _____
DATE RECEIVED: _____	INTERVIEW: _____
CHECK NUMBER: _____	APPLICATION DECISION: _____



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