

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
 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

~ **MOTHER/GUARDIAN** ~

Legal Name: _____
 Preferred Name: _____
 Address: _____
(if different than child's)
 Home Phone (if different): (____) ____ - ____
 Cell/Mobile Phone: (____) ____ - ____
 Pager: (____) ____ - ____
 Personal Email: _____
 Occupation: _____
 Workplace: _____
 Address: _____
 Work Phone: (____) ____ - ____
 Work Email: _____

~ **FATHER/GUARDIAN** ~

Legal Name: _____
 Preferred Name: _____
 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

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.)



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