

Montessori School of Alexandria

6300 Florence Lane
Alexandria, VA 22310
www.montschoolalex.com
(703) 960-3498 fax (703) 960-4667

APPLICATION FOR ADMISSION

Child's Name _____ Gender _____
Birth date _____
Home Address _____
City State Zipcode _____
Home Phone:() _____

FAMILY INFORMATION

Father/Guardian	Mother/Guardian
Name	
Home Address (if different from child's)	
City State Zip	
Home Telephone (if different from child's)	
Cell Phone	
email	
Occupation	
Employer	
Business Street Address	
City State Zip	
Business Telephone	
Educational Background	

Religious Preference _____ Citizenship of what Country _____

Language spoken at home? _____

Child's Physician _____ Telephone () _____

Allergies _____

Has the child any physical disability or medical history that would be useful and necessary for us to know? Yes
 No

Is the child on any continuous medication? Yes No

Is there any environmental or behavioral history that would be useful in helping to understand the development of the child?

Yes No

Previous schooling

Tests administered

Signature of Parent/Guardian Date _____

Signature of School Representative _____

**Please return this Application Form with a non-refundable Application Fee of \$100.00 to
*Montessori School of Alexandria, 6300 Florence Lane, Alexandria, VA 22310***

FOR OFFICE USE ONLY		
Date Check Received	Acknowledgement Sent	
Date of Admittance		
Birth Place	Birth Date	Birth Certificate Number
Date Issued		
Other Form of Proof		
Verified By	Date	