

# THE MONTESSORI ACADEMY EDISON LAKES

## APPLICATION

Application is hereby made for the admission of my child as a student to The Montessori Academy Edison Lakes. The following information is submitted as part of this application. A \$75 non-refundable application fee, copy of child's birth certificate and immunization records are required with this application. The Montessori Academy welcomes all students regardless of race, religion, national origin, or gender.

### CHILD'S INFORMATION

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's Address \_\_\_\_\_ Gender \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Current School \_\_\_\_\_ Current Grade Level (if applicable) \_\_\_\_\_  
 Current School Address \_\_\_\_\_ School District of Residence \_\_\_\_\_

### FATHER'S INFORMATION

Mr. \_\_\_ Dr. \_\_\_ \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Position/Occupation \_\_\_\_\_

### MOTHER'S INFORMATION

Ms. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Position/Occupation \_\_\_\_\_

#### TODDLER

\_\_\_ Toddler (18-36 mos) 2 Day 8:30 am-11:30 am M-T  
 \_\_\_ Toddler (18-36 mos) 3 Day 8:30 am-11:30 am W-F  
 \_\_\_ Toddler (18-36 mos) 5 Day 8:30 am-11:30 am M-F

#### EARLY CHILDHOOD HALF DAY

\_\_\_ Early Childhood (3-6 yrs) 5 day 8:30 am-11:30 am M-F

#### EARLY CHILDHOOD FULL/LATE DAY

\_\_\_ Early Childhood Full Day (3-6 yrs) 8:30 am-3:15 pm M-F  
 \_\_\_ Early Childhood Late Day (3-6 yrs) 3:15 pm-6:00 pm M-F  
 Late Day is an extension of the Full Day Program

#### ELEMENTARY & JUNIOR HIGH

\_\_\_ Lower Elementary (6-9 yrs) 8:30 am-3:30 pm M-F  
 \_\_\_ Upper Elementary (9-12 yrs) 8:30 am-3:30 pm M-F  
 \_\_\_ Junior High (12-14 yrs) 8:30 am-3:30 pm M-F

#### BEFORE AND AFTER CARE

\_\_\_ Before Care (Early Childhood-Junior High) 7:15 am-8:30 am M-F  
 \_\_\_ After Care (Elementary/Junior High) 3:30 pm-6:00 pm M-F  
 \_\_\_ Before and After Care M-F

Please check the best description of your child's cultural background. This information will be used solely for reporting purposes required of educational institutions by federal or state law. Compliance is entirely voluntary.

\_\_\_ Native American                      \_\_\_ Caucasian  
 \_\_\_ African American                      \_\_\_ Asian American  
 \_\_\_ Hispanic/Latino                      \_\_\_ Multi-Racial  
 \_\_\_ Middle Eastern                      \_\_\_ Other

Parents' countries of origin \_\_\_\_\_

Is English the child's primary language?      \_\_\_ Yes    \_\_\_ No

If not, please state language: \_\_\_\_\_

In order to best serve the needs of your child, are there any physical, emotional and/or educational accommodations your child will need to be successful at The Montessori Academy?      \_\_\_ Yes    \_\_\_ No

Applicant enrolling for the 20\_\_\_\_-20\_\_\_\_ Academic Year

\$75 Application Fee received:

\_\_\_ Cash \$                      \_\_\_ Check \$                      Check # \_\_\_\_\_

Are you interested in receiving information regarding tuition assistance?  
 \_\_\_ Yes    \_\_\_ No    Toddler Classes are not eligible for tuition assistance.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

The Montessori Academy Edison Lakes does not discriminate in admissions, placement, or employment on the basis of gender, race, creed, or disability.



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## REQUEST FOR RECORDS

**To be completed only for students applying for Elementary and Junior High Programs.**

I authorize my child's current school to release information contained in my child's records to The Montessori Academy Edison Lakes. Information to be released includes the items listed below as well as a recommendation from my child's current teacher. The teacher recommendation form will be emailed to the address provided below.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name, Street Address and Phone # of Current School

\_\_\_\_\_  
Name and Email Address of Current School's Administrator

\_\_\_\_\_  
Name and Email Address of Child's Current Teacher

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

Those items that are requested for release include:

- Academic transcripts/Progress reports
- Standardized test scores
- IEP, if applicable
- Psychological evaluations, if applicable
- Medical/Immunization records

The purpose of this request is for new enrollment  
and should be sent to the attention of:

Kim Bosworth, Director of Admissions  
The Montessori Academy Edison Lakes  
**Email: [kbosworth@tmael.org](mailto:kbosworth@tmael.org)**

Thank you for your attention to this matter.

