

**shoreline school of montessori, LLC**

675 east main street  
branford, connecticut 06405  
(203) 481-5888

**APPLICATION FOR ADMISSION**

DATE OF APPLICATION \_\_\_\_\_

FOR ACADEMIC YEAR \_\_\_\_\_ — \_\_\_\_\_

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

Name to be used at school \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

May we use the above information to distribute to parents of classmates? Y\_\_ N\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Business Name and Address \_\_\_\_\_ Business Name and Address \_\_\_\_\_

and Phone \_\_\_\_\_ and Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If divorced, Name of Custodial Parent \_\_\_\_\_

Name of Parent Responsible for Tuition \_\_\_\_\_

Names / Birthdates / Sex of Brothers and Sisters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of relatives who have attended or are currently attending the shoreline school of montessori:

\_\_\_\_\_  
\_\_\_\_\_

(please see reverse side)



**Names of friends/neighbors/acquaintances who have attended or are attending shoreline school of montessori:**

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**How did you learn about & become interested in shoreline school of montessori:**

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**Schools previously attended by child and dates (include art, music, playgroups):**

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**Please tell us any information which we might find helpful about your child:**

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**Thank you for your interest in our school!**

**Please return this form with a \$30.00 non-refundable fee to the school office**

\_\_\_\_\_  
**Mother's/Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's/Guardian's Signature**

\_\_\_\_\_  
**Date**

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