

shoreline school of montessori, LLC
675 east main street
branford, connecticut 06405
t: (203) 481-5888 • e: director@shorelineschool.com

APPLICATION FOR ADMISSION

DATE OF APPLICATION _____

FOR ACADEMIC YEAR _____ – _____

Child's Name _____ M _____ F _____

Name to be used at school _____ Birthdate _____

Home Address _____

Home Phone _____

Mother/Guardian email _____

Father/Guardian email _____

May we use the above information to distribute to parents of classn ? Y__ N__

Mother's/Guardian's Name _____ Father's/Guardian's Name _____

Address _____ Address _____

Cell _____ Cell _____

Work Name and Address _____ Work Name and Address _____

Work Phone _____ Work Phone _____

Occupation _____ Occupation _____

Marital Status of Parents: Married _____ Separated _____ Divorced _____ Widowed _____ Other _____

If divorced, Name of Custodial Parent _____

Name of Parent Responsible for Tuition _____

Names / Birthdates of Brothers and Sisters:

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

(please see reverse side)



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

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

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

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

Thank you for your interest in our school!

Please return this form with a \$65.00 non-refundable fee to the school office.

Mother's/Guardian's Signature

Date

Father's/Guardian's Signature

Date

shoreline school of montessori, LLC
675 east main street
branford, connecticut 06405

