



# University Montessori School

7508 Burthe Street New Orleans, LA 70118  
(504) 865 1659 fax (504) 865 9194  
umsno@bellsouth.net umsnofa.org

## APPLICATION FOR ADMISSION

Child's First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Has the child attended a previous school? If so, name: \_\_\_\_\_

Sibling(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Comments: \_\_\_\_\_

### PLEASE CHECK PROGRAM CHOICE

I am interested in enrollment for the 20\_\_ - 20\_\_ school year.

**LITTLE CLASS (20 mos-2 yrs)**

**PRIMARY CLASS (3-6 yrs)**

\_\_\_ Half-day (8:30am - 11:30am)

\_\_\_ Half-day (8:30am - 11:30am)

\_\_\_ Full-day (8:30am - 2:30pm)

\_\_\_ Full-day (8:30am - 2:30 pm)

**All programs are 5 days per week. Children must be completely toilet trained to enter the Primary Class.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN WITH AN APPLICATION FEE OF \$80.00.**

**For Office Use Only** Date Received \_\_\_\_\_ Date of Postcard \_\_\_\_\_ Date Accepted \_\_\_\_\_

Notes \_\_\_\_\_