



Application for Admission Lower Elementary Program

Observation Date: _____ Child's Visitation Date: _____ Anticipated Start Date: _____

Student Information:

Male Female

Last Name First Name Middle Name

Preferred Name Date of Birth (MM/DD/YY) Age as of September 1

Address City State Zip

Previous School(s): _____

Parent 1:

Last Name First Name Cell Phone Alternate Phone

Relationship to Applicant Father Mother Other, please specify _____

Address Check here if same address as applicant City State Zip

Employer Name Business Phone Email address

Parent # 2

Last Name First Name Cell Phone Alternate Phone

Relationship to Applicant Father Mother Other, please specify _____

Address Check here if same address as applicant City State Zip

Employer Name Business Phone Email address

Previous Schools: _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY: Date application received: _____ Received by: _____

Application Fee—\$100.00 Check # Cash Credit Card

1221 Varela Street Key West, FL 33040
305.294.5302 office@montessorikeywest.com
License # C16MO0028