

MONTESSORI MAGNET SCHOOL TRANSFER STUDENT APPLICATION

*Transfer applications are accepted from students **who are currently enrolled in another Montessori program**. Students are accepted on a first come first serve basis and only when space is available.*

Name of Student: _____ SS# _____

Date of Birth: _____ Gender: Male _____ Female _____

Ethnicity: Black not of Hispanic Origin _____ Hispanic _____ Asian/Pacific Islander _____ White: _____

American Indian/Alaskan Native _____ Other (please specify) _____

Student Address: _____ Apt # _____

Town/State: _____ Zip _____

Parent/Guardian #1 Name: _____

Parent/Guardian Address: _____ Apt # _____

Email address: _____

Town/State: _____ Zip _____

Work Phone: _____ Home Phone: _____ Cell/Beeper _____

Parent/Guardian #2 Name: _____

Parent/Guardian Address: _____ Apt # _____

Town/State: _____ Zip _____

Email address: _____

Work Phone: _____ Home Phone: _____ Cell/Beeper: _____

Desired Date of Entry: _____

Name of Current Montessori Program: _____

Current Age Group (circle one) Ages 3-6 Ages 6-9 Ages 9-12

Current Year In This Age Group (circle one): 1 2 3

Parent/Guardian Signature: _____ Date: _____

Please notify the office of any changes to this information.