

**Santa Monica Montessori School**  
1909 Colorado Avenue  
Santa Monica, CA 90404  
Telephone: (310) 829-3551  
Facsimile: (310) 829-1341

Please submit with **NON-REFUNDABLE**  
\$100 Application Fee. Thank You.

*PLACE PHOTO HERE*

## ***APPLICATION FOR ADMISSION***

Applying for: Toddler\_\_\_\_ Preschool\_\_\_\_ Kindergarten\_\_\_\_ Grade\_\_\_\_

Date of Application: \_\_\_\_\_

School Applicant Currently Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I (We) hereby apply for admission to The Santa Monica Montessori School for my child, and have enclosed the required NON-Refundable application fee of \$100 and attached a recent photograph of my child.

Signed (Father): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Mother): \_\_\_\_\_ Date: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Marital Status: \_\_\_\_\_

Siblings currently enrolled at SMMS: \_\_\_\_\_

Other siblings, names and birthdates: \_\_\_\_\_

\_\_\_\_\_

Describe allergies or special medical problems:

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

Describe child's special interest and qualities:

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

How did you hear about SMMS?

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

What do you expect this school to do for your child?

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

Additional comments:

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

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**For office use only**

Date received: \_\_\_\_\_

Payment type and number: \_\_\_\_\_

Interview date: \_\_\_\_\_

Date admitted: \_\_\_\_\_

Date declined: \_\_\_\_\_

Enrollment pool: \_\_\_\_\_