

Santa Monica Montessori School

1909 Colorado Avenue
Santa Monica, CA 90404
Telephone: (310) 829-3551
Facsimile: (310) 829-7272

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: _____ Business 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 interests and qualities: _____

How did you hear about SMMS?: _____

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

Additional Comments: _____

For office use only

Date Received: _____

Payment type and number: _____

Interview Date: _____

Date Admitted: _____

Date Declined: _____

Enrollment Period: _____