## MONTESSORI SCHOOL OF ROME Adolescent PROGRAM APPLICATION FOR ADMISSION 2025-2026

Child's Full Name:		Birth Date:		
Last First	Middle			
Name or Nickname Used:		Sex:		
Child's Address:				
City:	State:	Zip:		
Telephone: ( )				
Personal Info	ormation			
Personal Info				
Child's Legal Guardian(s): (circle one) Both pare	ents Father Mo	ther Other		
Child lives with: Both parents Father Mother				
•				
Parent 1				
Address	Cell/Pager			
City				
Place of Employment	. Work Phone			
Occupation				
Email:				
Is Parent 1 a previous student of MSOR?	S 🗆 NO			
Devent 2	Hama Dhana			
Parent 2				
Address	State	 7in		
City Place of Employment	Work Phone	Ζιρ		
Occupation:				
Email:	110u15			
Is Parent 2 a previous student of MSOR?	- S			
is Farent 2 a previous student of Mook?	3 4 110			
If "Other" Complete Below				
Relationship to child	Home Phone			
Address	Cell/Pager			
City	State	Zip		
Place of Employment		<b></b>		
Occupation:	Hours			
•				
Medical History				
Door your shild have any allergies to medications food insect hitse? If you place list				
Does your child have any allergies to medications, food, insect bites? If yes, please list				

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Previous schools atte	nded:		
Name	Location	Dates attended	Contact person
	rrently receiving any s		ould need to be continued at
		24 1-6	
	Home and (	Other Information	
	ation regarding the chi ible care and education		t will help our school
If there are any adults relationship to child:	at home (other than th	e parents) please list t	heir names, ages, and
Sibling Name	Age	Sex	School Attending
Favorite extracurricul	ar activities:		
Tavorite extracultical	ar activities.		
Student's predominar	nt characteristics:		
Fears and manifestati	ons:		
Usual mode of misbel	navior:		
Type of discipline mo	st frequently used at h	ome, and student's rea	ection:
Signature Parent/Gua	rdian		Date

\*Application Fee of \$150.00 should be submitted with Application Form

## Montessori School of Rome 165 Dodd Blvd Rome, GA 30161 706-232-7744 706-234-6282 (FAX)

## Dear parent(s) of applicant – Please sign the form below, and forward to your child's most recent school.

I grant permission to the Montessori School of Rome to seek records (transcripts, test profiles,

psycho	logical testing, discipline, attendance, and im	munization) on my child.
Child's	name:	
Date of	f birth:	
Parent'	s signature:	
To the	guidance counselor or registrar:	
listed a	bove as soon as possible. Additionally pleas m to our school. If you have any questions, p	to our school. Please send his or her records as e answer the questions which follow and return lease call Shemi Kumar, owner and directress, at
Has the	e student named above ever been expelled o	r suspended?
ls the s	student eligible to return to your school?	
lf no, p	lease explain:	
_		
-		
Form c	ompleted by:	
	Printed name of school representative	School name
;	Signature	School address
-	Date	School phone number