#### MONTESSORI SCHOOL OF ROME ELEMENTARY 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 Inf	formation
Child's Legal Guardian(s): (circle one) Both par	
Child lives with: Both parents Father Mother	<sup>r</sup> Other
Parent 1	_ Home Phone
Address	Cell/Pager
City	State 7in
Place of Employment	Work Phone
Occupation	
Email:	Hours
Parent 2	Home Phone
Address	
City	
Place of Employment	Work Phone
Occupation:	Hours
Email:	
If "Other" Complete Below	
Relationship to child	
Address	_ Cell/Pager
City	_ State Zip
Place of Employment	Work Phone
Occupation:	
-	
Medical H	History

Does your child have any allergies to medications, food, insect bites? If yes, please list

### Educational History (Complete this section only if new to school)

Previous schools attended:

Name	Location	Dates attended	Contact person

Is your child currently receiving any special services that would need to be continued at our school?

Home and Other Information

\*The following information regarding the child's home environment will help our school provide the best possible care and education for your child.

If there are any adults at home (other than the parents) please list their names, ages, and relationship to child:

Sibling Name	Age	Sex	School Attending
Favorite extracurricular activities	S:		
Student's predominant characte	ristics:		
Fears and manifestations:			
Usual mode of misbehavior:			
Type of discipline most frequent	ly used at hon	ne, and studen	t's reaction:
How did you hear about Montes	sori School of	Rome:	
Signature Parent/Guardian			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, psychological testing, discipline, attendance, and immunization) on my child.

Child's name:				

Date of birth:

Parent's signature:

## To the guidance counselor or registrar:

The student named above is applying for admission to our school. Please send his or her records as listed above as soon as possible. Additionally please answer the questions which follow and return this form to our school. If you have any questions, please call Shemi Kumar, owner and directress, at the school.

Has the student named above ever been expelled or suspended? \_\_\_\_\_

Is the student eligible to return to your school? \_\_\_\_\_

If no, please explain: \_\_\_\_\_\_

Form completed by:

Printed name of school representative	School name
Signature	School address
Date	School phone number