

**MONTESSORI SCHOOL OF ROME
TODDLER & PRIMARY
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 Information

Child's Legal Guardian (s): (circle one) Both Parents Father Mother Other

Parent 1 _____ Home Phone _____
Address _____ Cell/Pager _____
City _____ State _____ Zip _____
Place of Employment _____ Work Phone _____
Occupation _____ Hours _____
Email Address: _____

Parent 2 _____ Home Phone _____
Address _____ Cell/Pager _____
City _____ State _____ Zip _____
Place of Employment _____ Work Phone _____
Occupation: _____ Hours _____
Email Address: _____

If "Other" Complete Below

Relationship to child _____ Home Phone _____
Address _____ Cell/Pager _____
City _____ State _____ Zip _____
Place of Employment _____ Work Phone _____
Occupation: _____ Hours _____

Educational and Medical History

Has your child been enrolled at any other schools, daycares, or mother's morning out programs? If yes, please list: _____

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

Home and Other Information

**The following information regarding the child's home environment will help our school provide the best possible care 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

Playmates Names: _____ Ages: _____

Favorite Play Activities: _____

Child's Predominant Characteristics: _____

Fears and Manifestations: _____

Usual Mode of misbehavior: _____

Type of discipline most frequently used at home, and child's reaction: _____

How did you hear about Montessori School of Rome: _____

Signature Parent/Guardian

Date

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