MONTESSORI SCHOOL OF ROME
ADOLESCENT PROGRAM
APPLICATION FOR ADMISSION
2026-2027

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
Child lives with: Both parents Father Mother Other

Parent 1 _____ Home Phone_____
Address_____ Cell/Pager_____
City_____ State_____ Zip_____
Place of Employment _____ Work Phone_____
Occupation_____
Email: _____Hours_____
Is Parent 1 a previous student of MSOR? ❑ YES ❑ NO

Parent 2 _____ Home Phone_____
Address_____ Cell/Pager_____
City_____ State_____ Zip_____
Place of Employment _____ Work Phone_____
Occupation:_____ Hours_____
Email: _____
Is Parent 2 a previous student of MSOR? ❑ YES ❑ NO

If "Other" Complete Below
Relationship to child_____ Home Phone_____
Address_____ Cell/Pager_____
City_____ State_____ Zip_____
Place of Employment _____ Work Phone_____
Occupation:_____ Hours_____

Medical 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:

_____

_____

Student's predominant characteristics: _____

_____

Fears and manifestations:_____

_____

Usual mode of misbehavior:_____

_____

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

_____

_____ _____

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