



# Montessori Academy application

Academic year applying for \_\_\_\_\_

- Half day
- Full day
- Extended day

384 S. Spring Street  
 Spartanburg, SC 29306  
 Phone: (864) 585-3046 • Fax: (864) 585-3680  
 Email: montessori4@charter.net  
 www.montessorispartanburg.com

## CHILD

<b>First</b>	<b>Middle</b>	<b>Last</b>		
<input type="checkbox"/> Male	Birthdate	Age	Years	Months
<input type="checkbox"/> Female	Place of Birth			

### Previous school experience:

Montessori school	Duration
School	Duration
Playschool	Duration

Reason for applying to Montessori Academy:

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## MOTHER

\_\_\_\_\_  
 Mother's Name

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Phone                      Cell Phone

\_\_\_\_\_  
 Occupation

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 Email Address                      Business Phone

## FATHER

\_\_\_\_\_  
 Father's Name

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Phone                      Cell Phone

\_\_\_\_\_  
 Occupation

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 Email Address                      Business Phone

