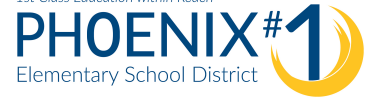


Augustus H. Shaw Montessori School

Augustus H. Shaw Montessori
123 North 13th St. Phoenix, AZ 85034
602-257-3914 Office
602-257-2954 Fax



1st Class Education within Reach



Signature School Program Application

Directions: Please complete all of the information and return the application. In the event a position becomes available for enrollment, the school will phone you.

STUDENT INFORMATION:

Student Name: _____
First Name *Middle Name* *Last Name*

Gender: _____ Grade Applying for: _____ Date of Birth: _____ Age: _____

Current School Attending? _____ Current District?: _____

Does your child have previous Montessori experience? _____

Previous Montessori School: _____ Address: _____

Does this student have siblings? _____ Where do siblings attend? _____

Has your child ever been screened for or received Special Services, including Speech/Language or does your child have an Individualized Education Program? _____

Does your child have any Medical Conditions? _____

If yes, please list the Medical Conditions: _____

PARENT INFORMATION:

Parent/Guardian Name(s): _____
First Name *Last Name*

Parent/Guardian Name(s): _____
First Name *Last Name*

Address: _____

City: _____ Zip/Postal Code: _____

Home Phone _____ Mobile Phone 1 _____ Day Phone 1 _____

Mobile Phone 2 _____ Day Phone 2 _____

Email address: _____

I acknowledge and understand that submission of this application does not guarantee admission of enrollment. Admission is based on available spaces.

Signature: _____ Date: ____/____/____

Comments: _____

