Ivy League Montessori School
"Where Every Student is Honored"

APPLICATION FORM FOR SCHOOL YEAR 20__/20__

*How did you hear about us?*_____

*Child's Name*_____
First *Middle* *Last*

*Date of Birth*_____ *Place of Birth*_____

Previous School experience: _____

_____

Reason for applying to Ivy League Montessori School? _____

_____

Mother or Guardian	*Father or Guardian*
_____	_____
Name	*Name*
_____	_____
Address	*Address*
_____	_____
City State Zip	*City State Zip*

*Name of Subdivision if applicable*_____

*Home Phone*_____	*Home Phone*_____
*Work Phone*_____	*Work Phone*_____
*Cell Phone*_____	*Cell Phone*_____
*e-mail address*_____	*e-mail address*_____
*Occupation*_____	*Occupation*_____

Siblings: _____
*A relative or a sibling currently enrolled at the school:*_____
*A relative or a sibling who graduated from the school:*_____

*Any known allergies:*_____
*Medical Restrictions*_____
*Pediatrician's Name and Phone Number*_____

ILMS celebrates the diversity of cultures among our students. We encourage parents and children to share food, music and artifacts from their heritage or travels. If you would like to share something with our classes, please indicate the country and item (or activity) below.

*Country*_____

I would like to share _____