

**Mountain Home Montessori School**  
**1145 South College**  
**Mountain Home, Arkansas 72653**  
**870-425-0882**  
**Student Application**

**Child's Name** \_\_\_\_\_  
Last First Middle Name Called

Male \_\_\_ Female \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_/\_\_\_

**Previous Daycare:**

\_\_\_\_\_  
Montessori School Duration

\_\_\_\_\_  
Playschool/Daycare Name Duration

**Parent Information:**

**Mother**

**Father**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Bus. Hours: \_\_\_\_\_ Bus. Hours: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who is legally responsible for this child? \_\_\_\_\_

With whom does this child live? \_\_\_\_\_

(Over)

Persons to be notified if parents are unavailable:

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone
3.	_____	_____	_____
	Name	Relationship	Phone

Sibling Information:

1.	_____	_____	_____
	Name	Gender	Age
2.	_____	_____	_____
	Name	Gender	Age
3.	_____	_____	_____
	Name	Gender	Age

If parents are divorced is the parent without legal custody allowed to pick up this child without special permission? Yes \_\_\_\_\_ No \_\_\_\_\_

Person(s) other than parents/guardians who may take this child from school:

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone

If your child's application is being made for the 2025-2026 term, please enclose the annual application fee of \$200.00 with your completed application. **This fee is non-refundable (unless the school is unable to provide a class).** This fee will be used to help purchase supplies.

By signing I agree to Policy & Procedures provided in new student packets.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date