

Mountain Home Montessori School
1143 South College
Mountain Home, Arkansas 72653
870-425-1540
Student Application

Attending: Full Week ____ M,W,F ____ T,Th ____

Child's Name _____
Last First Middle Name Called

Male ____ Female ____ Birth date ____/____/____ Age ____/____

Previous School Experience:

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