

The Duluth Montessori School is an inclusive school and welcomes all children regardless of race, religion, gender, or national origin.

Today's date: _____

Date of desired entry: _____

Program applying to: Toddler Community ages 14 to 30 months
 Primary Half Day, ages 2 ½ to 5 Primary Full Day, ages 5 to 6
 Lower Elementary Upper Elementary Adolescent Program
 Extended Care in addition to Toddler or Primary Program

Student's full name: _____

Name called: _____ Birth date: _____ Gender: _____

Child lives with: Mother Father Both Parents Other, please explain: _____

Mother's name: Miss/Ms./Mrs./Dr. _____

Father's name: Mr./Dr. _____

Home address: _____

City, state, zip code: _____

County: _____ Subdivision name: _____

Mother's occupation: _____

Name of employer: _____

Work address: _____

Father's occupation: _____

Name of employer: _____

Work address: _____

Contact Information:

Home phone: _____

Mother: cell phone: _____ work phone: _____

Father: cell phone: _____ work phone: _____

Best contact number: _____

Email: _____

Siblings:

Name: _____ Birth date: _____ Gender: _____

School Currently Attending: _____ Also applying to DMS

Name: _____ Birth date: _____ Gender: _____

School Currently Attending: _____ Also applying to DMS

Language(s) spoken in the home: _____

General health of your child: _____

Physical or emotional limitations: _____

Significant medical history about which we should be aware: _____

Prior Schools:

Name of school/center: _____ Location: _____

Dates attended: _____ Grade Level: (if applicable) _____

How many days a week? _____ How many hours a day? _____

Name of school/center: _____ Location: _____

Dates attended: _____ Grade Level: (if applicable) _____

How many days a week? _____ How many hours a day? _____

How did you find out about The Duluth Montessori School? (If publication or person, be specific):

How does your family enjoy spending time together?: _____

Is there any unusual feature in your child's home or history that would be useful in helping us understand him/her?:

A class list is made available for parents who wish to make carpool or children's get-together arrangements. **Class lists are provided solely for the use of our school families and may not be used for marketing or solicitation purposes of any kind. Unauthorized use is prohibited.**

Students Name: _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Please list all allergies and/or restricted foods: _____

Indication of allergic reaction: _____

Actions to be taken: _____

Please list all persons allowed to pick up your child:

Name: _____ Relationship to child: _____ to parent: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____ to parent: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____ to parent: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____ to parent: _____

Address: _____ Phone: _____

Please list persons authorized to make a decision in case of an emergency when parents cannot be reached:

Name: _____ Relationship to child: _____ to parent: _____ phone: _____

Name: _____ Relationship to child: _____ to parent: _____ phone: _____

Should any of the above information change, please contact the office to update your child's file.

MEDICAL RELEASE:

Should _____, _____ suffer an injury or illness while in the care of
(Child's Name) (Date of Birth)

THE DULUTH MONTESSORI SCHOOL, INC. and the facility is unable to contact me immediately, 911 emergency services shall be called and shall be authorized to secure such medical treatment and care for the child as shall be necessary. I certify that I will be liable for all transportation, medical and hospital expenses incurred in the regard, with the exception of those covered by the school accident policy.

Child's primary source of healthcare is: _____
(Physician/Clinic Name) (Phone Number)

Known medical conditions (such as diabetic, asthmatic, drug/food allergies): _____

Signature of Parent/Guardian: _____ Date: _____

Records Request

** Must be completed by the Parent or Legal Guardian*

DATE: _____

TO: RECORDS CLERK

*School Name: _____

*School Address: _____

*School's Phone Number: _____ *Fax: _____

FROM: AMY BRAGG - (678)-474-9967

The below referenced student is enrolling in The Duluth Montessori School. Please provide the requested information as soon as possible.

*Student Name: _____

*Parent/Legal Guardian: _____

*Relationship: Mother Father Legal Guardian (relationship): _____

RECORDS REQUESTED:

- Montessori/ Academic Records
- Immunization Certificate
- Attendance History
- Disciplinary Record
- Medical Reports
- Psychological Reports

SEND RECORDS TO:

The Duluth Montessori School
2997 Main Street
Duluth, GA 30096
Fax: 770-476-9792

I hereby authorize the above referenced school to release all requested records to The Duluth Montessori School.

*Parent/Legal Guardian Signature: _____ Date: _____