



ABSORBENT MIND
MONTESSORI ACADEMY

Educational Application

Student's full name _____
(As it would appear on school records)

Male _____ Female _____

_____ Date of birth

_____ Place of birth

_____ Student's Social Security Number

Days interested in attending AMMA: __ Mon __ Tue __ Wed __ Thu __ Fri

__ AM __ PM __ ½ Day __ Full Day

Transportation Needed: __ Yes __ No Before Care Needed: __ Yes __ No

After Care Needed: __ Yes __ No

Student's home address:

Parent(s)/Guardian(s) _____

Address: _____

_____ City

_____ State

_____ Zip Code

We would appreciate
a recent photograph
of your son or
daughter

Father's full name: _____

Mother's full name _____

_____ Street

_____ Street

_____ City State Zip Code

_____ City State Zip Code

_____ Home phone Cell phone

_____ Home phone Cell phone

_____ Employer

_____ Employer

_____ Position Work phone

_____ Position Work phone

_____ Colleges Attended; Degrees

_____ Colleges Attended; Degrees

Please list all members of the student's family household:

Parent(s) _____

Other Adult(s) _____

Siblings

Age

Present School

Names and relationships of any family members who have attended Absorbent Mind Montessori Academy:

Family Status:

___ Parents currently married ___ Parents currently separated ___ Parents currently divorced
___ Mother remarried ___ Father remarried ___ Mother deceased ___ Father deceased
___ Child was adopted Date of adoption _____

Financial responsibility for the student's tuition will be assumed by: _____

Address if different from above: _____

Maternal grandparents:

Paternal grandparents:

Name

Name

Street

Street

City

State

Zip Code

City

State

Zip Code

Your child's current school: _____ Dates of Enrollment _____ to _____

School's address _____

School phone _____ Teacher or Advisor _____

Your child's previous school: _____ Dates of Enrollment _____ to _____

School's address _____

Has your child had any specialized tests or evaluations? ___ Yes ___ No If so, please list below:

Test/Evaluation: _____ Administered by: _____ Date: _____

Test/Evaluation: _____ Administered by: _____ Date: _____

Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.

Health

Please describe your child's general health: _____

Does your child have any physical limitations or allergies which would limit his/her participation in the full range of school activities? If so, please describe them briefly. _____

Has your child ever suffered any serious illness, injury or hospitalization? If yes, please describe: _____

Is your child currently receiving any medication? If so, please list: _____
