

APPLICATION FOR ADMISSION

Kew Park Montessori Day School
79 Hiawatha Road, Toronto, Ontario M4L 2X7
416-694-6273

School Year _____ Casa _____ Elementary _____ Grade _____

Child's Name _____ **Nickname (if used)** _____

Birthdate _____ Male/Female _____
 day month year

Ages of siblings _____

Parent's Full Name _____ Occupation _____

Parent's Full Name _____ Occupation _____

Address _____ Postal Code _____

Telephone (home) _____ **(work)** _____

E-mail _____

How did you hear about our school? _____

What is your experience with Montessori education?

Why did you choose our school? _____

What educational goals do you have for your child?

Specify any special educational, physical or emotional needs of your child. _____

I hereby apply for the admission of _____ to Kew Park Montessori Day School.

Signature of Parent _____ **Date** _____

*A copy of child's birth certificate must also accompany this application.

*\$100 application fee is required for elementary students.