

# 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 \_\_\_\_\_  
                  day        month        year

Male/Female \_\_\_\_\_

Names/Ages of siblings \_\_\_\_\_  
siblings \_\_\_\_\_

Parent's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ 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.