ARLINGTON PUBLIC SCHOOLS
MIDDLE SCHOOL MONTESSORI APPLICATION

Child's Name: _____
Last First Middle

Home School: _____ Grade Level in the fall of 2011 _____

Birthdate: _____ Male ____ Female ____

Street Address _____

City/State _____ ZIP Code _____

Home Phone: _____

E-mail address: _____

Language(s) spoken in the house _____

Mother/Guardian's Name _____ Mother/Guardian's Work Phone _____

Father/Guardian's Name _____ Father/Guardian's Work Phone _____

Has your child ever attended a Montessori Method Preschool or Elementary School? ____ Yes ____ No

If yes, which school(s), for how long, and for which grade levels? _____

_____

Do you currently have another child attending an Arlington Public Schools Montessori Program? If yes, please provide

child's name and school _____

Students applying for the Montessori middle school program will have a mandatory interview/meeting with Gunston's Principal or designee before enrolling in program.

Save this space for Principal's notes

I certify that all of the information on this form is correct and I authorize verification if needed. If information provided is found to be incorrect, I understand that this application will be declared invalid.

Parent's Signature _____ **Date** _____

MiddleSchoolMontApplication.doc