

# Trust Montessori School

4660 Eastus Drive, San Jose, CA 95129  
(408) 725 – 9116

FOR OFFICE USE ONLY

\_\_\_\_\_ Starting Date

\_\_\_\_\_ Withdraw Date

## Application for Admission

Date \_\_\_\_\_

Please check the class for which your child is applying:

Full-Day (8:30 a.m. – 6:30 p.m.): \_\_\_\_\_ 5 days \_\_\_\_\_ 4 days

\_\_\_\_\_ Infant \_\_\_\_\_ Toddler \_\_\_\_\_ Pre-I \_\_\_\_\_ Pre-II \_\_\_\_\_ TK

Days in: Mon. Tue. Wed. Thurs. Fri.

Infant, Toddler or Pre-I Morning Class ( 8:30 a.m.– 12:00 p.m.): \_\_\_\_\_ 5 days \_\_\_\_\_ 4 days

Days in: Mon. Tue. Wed. Thurs. Fri.

### STUDENT INFORMATION:

Student's Name \_\_\_\_\_

First

Last

Date of Birth \_\_\_\_\_ Gender: M F

Month

Day

Year

Place of Birth \_\_\_\_\_

City

State

Country

Address \_\_\_\_\_

Street

(Apt.#)

City

State

Zip code

**SCHOOL HISTORY:**

Name of School	Location	Date Enrolled	Date Left
_____			

**Current**  
\_\_\_\_\_

**Previous**  
\_\_\_\_\_

What is your child's first language? \_\_\_ Mandarin \_\_\_ English or Other \_\_\_\_\_

**FAMILY INFORMATION:**

Student lives with \_\_\_ both parents or with \_\_\_ mother \_\_\_ father \_\_\_ guardians

**Father**

**Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

(if different from the student's)

Home Telephone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

**ALLERGY INFORMATION:**

Does your child have any allergies or is your child allergic to any food or fruit?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please specify:

\_\_\_\_\_  
**Names of applicant's siblings currently enrolled in Trust Montessori School:**

_____	_____
Name	Class

_____	_____
Name	Class