

# Trust Montessori School

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

FOR OFFICE USE ONLY
_____ Starting Date
_____ Withdraw Date

## Application for Admission

(\$150.00 Non-refundable Registration Fee)

Date \_\_\_\_\_

Please check the class for which your child is applying:

Full-Day: \_\_\_\_\_ 5 days \_\_\_\_\_ 4 days \_\_\_\_\_ 3 days

\_\_\_\_\_ Preschool (1) \_\_\_\_\_ Preschool (2) \_\_\_\_\_ Pre-Kindergarten

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

Morning Class (8:30 – 12:00): \_\_\_\_\_ 5 days \_\_\_\_\_ 4 days \_\_\_\_\_ 3 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