

# Trust Montessori School

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

FOR OFFICE USE ONLY ____ Starting Date ____ Withdraw Date
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## 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

      \_\_\_\_ Pre-I    \_\_\_\_ Pre-II    \_\_\_\_ Pre-K

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

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
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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