

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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TK, K & Grade 1 Application for Admission

Date _____

Monday - Friday	Time
	8:30 – 6:30

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