

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

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