



# MONTESSORI CHILDREN'S SCHOOLHOUSE

## APPLICATION FOR ADMISSION

150 Vanadium Road  
Bridgeville, PA 15017  
412-257-9717  
www.montessoricsh.com

Full Name of Applicant: \_\_\_\_\_

Name Applicant Prefers: \_\_\_\_\_

Applying for entry to MCSH in the fall of 20 \_\_\_\_\_ for the \_\_\_\_\_ class

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents/Guardians:

Title: Dr. Mr. Mrs. Ms. Miss

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians:

Title: Dr. Mr. Mrs. Ms. Miss

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians are: Married Separated Divorced Parent Deceased Other

Applicant lives with: \_\_\_\_\_ Financially responsible party: \_\_\_\_\_

If parents are separated or divorced, who has primary custody? \_\_\_\_\_

If there is joint custody, check here:

Is either parent absent for long periods of time? \_\_\_\_\_

Candidate's siblings:

Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Current Grade/School: \_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Current Grade/School: \_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Current Grade/School: \_\_\_/\_\_\_\_\_

How did you hear about MCSH?

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Have you visited a Montessori class? \_\_\_\_\_

Why do you wish to enter your child in a Montessori class?

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Is your child toilet trained, check one: Partially  Completely

How long do you plan to have your child attend MCSH? \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

Any special gifts, concerns, or comments about your child: \_\_\_\_\_

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Please sign and enclose a non-refundable \$30 application fee. Checks may be payable to Montessori Children's School House.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*MCSH does not discriminate on the basis of race, color, national or ethnic origin, gender, sexual orientation, age, religion, or disability in the administration of its educational policies, admission policies, financial aid programs, and other school related programs.*