



The Bilingual Montessori Schools of Sharon

Date _____

Applying for

Toddlers/Petit Jardin

Primary/Grand Jardin

Academic Year _____

APPLICANT INFORMATION

Full Name _____

First

Middle

Last

Preferred Name

Address _____

Street

City

State

Zip

Phone _____ Date of Birth _____ Gender _____

Current School _____ Current Grade _____ School Phone _____

School Address _____

Director, Headmaster, or Principal's Name _____

Homeroom Teacher's Name _____

PARENTS

Parent 1

Mr./Mrs./Ms./Dr. (circle one)

Parent 2

Mr./Mrs./Ms./Dr. (circle one)

Name _____

Preferred Name _____

Address _____

Phone _____

Cell _____

Email Address _____

Profession and Title _____

Nature of Business _____

Name of Employer _____

Business Address _____

Business Phone _____

Schools Attended _____

Degrees Held _____

Applicant is living with _____

Send Correspondence to _____

Parents/Guardians are: Married | Single | Divorced | Deceased

SIBLINGS

Name _____ Date of Birth _____ Current School _____

Name _____ Date of Birth _____ Current School _____

Name _____ Date of Birth _____ Current School _____

Please feel free to include any information about your family that you think is important for us to know:

How did you hear about The Bilingual Montessori School of Sharon? _____

Please provide the names of any The Bilingual Montessori School of Sharon students and/or alumni to whom the applicant is related.

Name _____ Relationship _____

Name _____ Relationship _____

I wish to apply for the enrollment of this applicant in The Bilingual Montessori School of Sharon. I understand and agree that any information gathered by the Admission Office in connection with this application shall be strictly confidential and shall not be disclosed to anyone, including the applicant’s family, except that the Director of Admission may, in her sole discretion, disclose any or all such information to such persons as she deems advisable. I certify that the information presented with this application is accurate, complete, and accurately presented.

I enclose the nonrefundable application fee of \$425.

Signature of Parent or Guardian _____ Date _____

If you or your child requires any special arrangements to facilitate a visit to our campus, please let us know in advance of your visit so we can do our best to make appropriate accommodations.

The Bilingual Montessori School of Sharon does not discriminate on the basis of race, religion, color, handicapped status, sexual orientation, nationality or ethnicity in administration of its education policies, admission policies, financial aid programs, or athletic and other school-administered programs.



*The Bilingual Montessori Schools
of Sharon*