



*The Bilingual Montessori School of Sharon*

Date \_\_\_\_\_

**Applying for**

- Toddlers/Petit Jardin
- Primary/Grand Jardin
- Lower Elementary/Lycée

**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 \$525.

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.*



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