



MONTESSORI AMERICAN SCHOOL

DATE \_\_\_\_\_

### APPLICATION FORM

NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ YEARS MONTHS \_\_\_\_\_ SEX \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ NATIONALITY \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BORN IN: \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ NUMBER \_\_\_\_\_ RES. DISTRICT \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_ PROFESSION \_\_\_\_\_

COMPANY \_\_\_\_\_ POSITION HELD \_\_\_\_\_

COMPANY'S ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BORN IN: \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ NUMBER \_\_\_\_\_ RES. DISTRICT \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_ PROFESSION \_\_\_\_\_

COMPANY \_\_\_\_\_ POSITION HELD \_\_\_\_\_

COMPANY'S ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DOCTOR'S NAME AND TELEPHONE \_\_\_\_\_

NAME AND TELEPHONE OF A THIRD PERSON IN CASE OF EMERGENCY \_\_\_\_\_

HAS THE CHILD BEEN IN SCHOOL BEFORE? \_\_\_\_\_

NAME OF THE SCHOOL \_\_\_\_\_

WHO RECOMMENDED THIS SCHOOL? \_\_\_\_\_

HOW DID YOU BECOME ACQUAINTED WITH THE MONTESSORI METHOD \_\_\_\_\_

HAVE YOU OBSERVED A MONTESSORI ENVIRONMENT? \_\_\_\_\_

HAVE YOU READ BOOKS OF DR. MARIA MONTESSORI? \_\_\_\_\_

WHICH? \_\_\_\_\_

**THANK YOU!**

SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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