



Tree of Life Montessori Application for Admission

*Your child must be at least 2 3/4 years of age and be independent in the bathroom to apply for admission.

Student's Name: (First, Middle, Last)

Name Called

Date of Birth

Parent/Guardian's Name: (First, Middle, Last)

Cell Phone

Email Address

Parent/Guardian's Name: (First, Middle, Last)

Cell Phone

Email Address

Home Address

City

State

Zip

School(s) Previously Attended

Name of Teacher

School Phone Number

Address of Previous School

Dates Attended

Who is responsible for the child's tuition?

Are you applying for: (Check One)

- Half Day 8:30 am – 12:50 am
- Full Day 8:30 am – 3 pm
- Extended Day 8:30 am - 4 pm

When will your child be ready to join?

The following information will help us know more about your child and your family.

Would you be willing to learn more about Montessori education and apply Montessori principles at home?

What are your educational goals for your child?

How do you facilitate your child's growth in these educational goals at home?

How would you describe your child's personality?

Are other languages spoken at home? What is your child's primary spoken language?

How do you discipline your child?

Please list any special educational, religious, physical or medical needs of your child:

Would you be interested in your child attending the entire 3-year program which includes the Kindergarten year?

Signature of Parent or Guardian _____ Date _____

Please enclose a non-refundable application fee of fifty (\$50) dollars.

Please make checks payable to: **Marla Nargundkar**

Mail to the following address. 2802 Fairlane Dr., Atlanta, GA 30340, 770-458-9955