

DEVONSHIRE MONTESSORI SCHOOL

**14941 Devonshire Street
Mission Hills, CA 91345
Telephone: (818) 361-4715**

ENROLLMENT APPLICATION Starting Semester _____

Name of Child _____ Sex _____

Address _____ City _____ Zip Code _____

Present Age _____ Birth Date _____ Phone _____

Father's Name _____ Occupation _____

Business Name and Address _____ Phone: _____

Mother's Name _____ Occupation _____

Business Name and Address _____ Phone _____

Other Children in Family _____ Age _____

_____ Age _____

Religion _____ Other Adults in Home _____

Pediatrician _____ Address _____ Phone _____

Previous Schooling _____

How did you hear about the Devonshire Montessori School? _____

Why do you want to enroll your child in a Montessori School? _____

Are both parents interested in child's education? _____ Is child adopted? _____ Is either parent a step parent to the child? _____ Which? _____ Is either parent deceased? _____ Is either parent away from home for long periods of time? _____ Is child cared for by anyone other than parents? _____ Is there any unusual feature in children's home or history which would be useful in better understanding the child? _____ Child's most desirable qualities? _____ Child's most undesirable qualities? _____

Comments: _____

A \$50.00 non-refundable registration fee must accompany this application. Upon submitting the completed application with registration fee, the parent is requested to contact the school office to arrange for an interview. I hereby make application to the Devonshire Montessori School for my Child, _____ to be enrolled.

Date: _____

Signed Father: _____

Signed Mother: _____