



University Montessori School

7508 Burthe Street New Orleans, LA 70118

(504) 865 1659 fax (504) 865 9194

umsno@bellsouth.net umsnola.org

APPLICATION FOR ADMISSION

Child's First name: _____ Middle: _____ Last: _____

Birthday: _____ Gender: _____

Has the child attended a previous school? If so, name: _____

Sibling(s): _____ Age(s): _____

Parent/Guardian Name: _____ Phone (mobile): _____

Email Address: _____ Phone (work): _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Employer: _____

Parent/Guardian Name: _____ Phone (mobile): _____

Email Address: _____ Phone (work): _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Employer: _____

How did you hear about us? _____

Comments: _____

PLEASE CHECK PROGRAM CHOICE

I am interested in enrollment for the 20__ - 20__ school year.

LITTLE CLASS (20 mos-2 yrs)

PRIMARY CLASS (3-6 yrs)

___ Half-day (8:30am - 11:30am)

___ Half-day (8:30am - 11:30am)

___ Full-day (8:30am - 2:30pm)

___ Full-day (8:30am - 2:30 pm)

All programs are 5 days per week. Children must be completely toilet trained to enter the Primary Class.

Parent Signature: _____ Date: _____

PLEASE RETURN WITH AN APPLICATION FEE OF \$50.00.

For Office Use Only Date Received _____ Date of Postcard _____ Date Accepted _____

Notes _____