

2012-2013 Application for Admission—Andover School of Montessori

400 South Main Street, Andover MA 01810

Please Check the Appropriate Category:

Children's House (3-6 classes) _____ 6-9 Class (Lower Elementary) (8:30am-3:00pm)
_____ am (8:30-11:30am) or _____ pm (12:30-3:30pm) _____ 9-12 Class (Upper Elementary) (8:30am-3:00pm)
_____ full day (8:30am – 3:30pm) _____ 12-15 Class (Middle School) (8:30am-3:00pm)

*if you would consider a 2nd option, please list order of preference

**children 3yrs of age may only apply for a half-day program (am or pm) – however, there are a limited number of full day positions available

Child's Name _____ Date _____

Birthdate _____ Sex _____

Present School _____

Mother's Name _____ Father's Name _____

Telephone Number _____ Telephone Number _____

Address _____ Address _____

Town _____ Town _____

Place of Business _____ Place of Business _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

What are your child's favorite activities, in order of preference?

1. _____ 2. _____ 3. _____

If your child has had individual testing or if there are aspects of physical or emotional development which would be helpful for the school to know about, please explain the circumstances:

How did you hear about the Andover School of Montessori? _____

Describe your familiarity with the Montessori Method of Education? _____

A \$60 **NON-REFUNDABLE** application fee is required with this application.

The Andover School of Montessori does not discriminate on the basis of race, color, religion, national or ethnic origin, political beliefs, disabilities, marital status or sexual orientation in the administration of its educational policies, admission or hiring policies, and other school administered programs.