## Clever Oaks Montessori School

a foundation to excel



## 

## Application for Admission 2019 - 2020

**Directions:** Please complete sections I-IV of this Application and be sure to avoid leaving blanks by indicating N/A (not-applicable) where appropriate.

Thank you for your interest in Clever Oaks Montessori School.

I. FAMILY INFORMATION		
Child's Name	Date of Birth	
Home Address	Gender	
·	Home #	
Custodial Pa	rent(s) / Legal Guardian(s):	
Parent's Name	Cell #	
Relationship	Email	
Employer	Work #	
Parent's Name	Cell #	
Relationship	Email	
Employer	Work #	
If separated, please provide complet	te information for the secondary household below:	
Full Name	Cell #	
Home Address	Home #	
	Email	
Person who will be remitting Student's Tuition and Fee	s (if other than parent or guardian):	
Full Name	Cell #	
Home Address	Home #	
	Email	

## II. MEDICAL INFORMATION

Child's/Family Doctor	Phone #		
Child's/Family Dentist	Phone #		
Child's Health Insurance Carrier			
Policy/Group #			
Hospital of Choice			
Please list all allergies that you are aware of:			
Please list any additional ailments or medical concerns that you	are aware of:		
Please list all <b>medication</b> (s) your child takes on a regular basis: _			-
III. EMERGENCY CONTACT  In the event of an accident, illness, or emergency, the School wil unable to reach you, please list – in order – any others we should	CTS & PICK-UP	/RELEASE o contact you as soon as p	ossible. If we are
#1 Name	Emergency Pick-Up	Cell #	
#2 Name	Emergency Pick-Up	Relation	
#3 Name	Emergency Pick-Up	Relation	
#4 Name	Emergency Pick-Up	Relation	
		Relation	