

Lake Hills Montessori – Application Form

Return to: Sandra Karnstadt, Director
3930 FM 620 South, Austin, TX 78738
(512) 263-5585

Student Information:

Name: _____
Date of Birth: _____ Date of Application: _____
Requested Enrollment Date: _____ Pick-up time: 12 pm 3 pm 6 pm
Age (at time of enrollment): _____ yrs _____ mos Gender: Male Female
Home Address: _____ Home Phone: _____
Primary Language (spoken at home) _____

Parent/Guardian Information:

Mother/Guardian 1 Name: _____
Address (if different from student): _____
Occupation: _____ Business Address: _____
Phone- Work: _____ Cell: _____ Home: _____
Email Address: _____

Father/Guardian 2 Name: _____
Address (if different from student): _____
Occupation: _____ Business Address: _____
Phone- Work: _____ Cell: _____ Home: _____
Email Address: _____

Previous School: last school attended by Student

School _____ City/State _____ From _____ To _____

Sibling's Schools: names, ages, and schools attended by Siblings

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about Lake Hills Montessori? _____

Signature _____ Relationship _____ Date _____

