

Lake Hills Montessori – Application Form

Return to: Sandra Karnstadt, Director
600 N. Cuernavaca Dr.
Austin, TX 78733
(512) 263-9342 Fax (512) 263-9948

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: _____ City _____ Zip _____

Primary Language (spoken at home) _____

Parent/Guardian Information:

Mother/Guardian 1 Name: _____

Address (if different from student): _____

Occupation: _____ Business Address: _____

Preferred Contact Phone: _____

Preferred email address: _____

Father/Guardian 2 Name: _____

Address (if different from student): _____

Occupation: _____ Business Address: _____

Preferred Contact Phone: _____

Preferred 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** _____

