



MONTESSORI SCHOOL
OF MANHATTAN BEACH, INC.

Pre-primary and Primary Application

Child's Name: _____ ("Student") Gender M F

Date of Birth: _____ Home Phone: _____

Parent 1: _____ Cell Phone: _____

Email _____

Address: _____

City: _____ Zip: _____

Parent 2: _____ Cell Phone: _____

Email _____

Address: _____

City: _____ Zip: _____

Is this child currently attending school or daycare?

- Yes _____ (school name)
 No

Previous Montessori experience?

- Yes _____ (school name)
 No

Is this child currently toilet trained?

- Yes
 No

Desired start date: _____

How did you hear about us? _____

What goals do you have for your child in school this year? _____
