



The Montessori School of Ojai

806 W. Baldwin Road Ojai, California 93023

APPLICATION FOR ENROLLMENT

Today's Date: _____ Daytime Phone: _____

Date enrollment to begin ____/____/____

Child's name _____ Date of Birth _____

Age _____ Gender _____ Grade applying for _____

Infant or PreKindergarten—How many days per week? _____ circle days: M T W Th F

Child's name _____ Date of Birth _____

Age _____ Gender _____ Grade applying for _____

Infant or PreKindergarten—How many days per week? _____ circle days: M T W Th F

1st Parent/Guardian _____

Address _____

Phone numbers _____

2nd Parent/Guardian _____

Address _____

Phone numbers _____

If parents do not live together, indicate with which parent child lives. 1st Parent/Guardian ____ 2nd Parent/Guardian ____

We utilize email for correspondence (enrollment forms, newsletters, invoicing, etc.). What is the best email address for MSO to use?

Email _____

If you prefer to receive hard copies of any correspondence, please notify the office.

Due to State Law SB277 we are required to obtain a current copy of immunization records for students applying to our school. Please attach a copy to this application. If you have questions call the office to speak with the Registrar. 805-649-2525

Previous schools attended:

Name of school	Address	Phone	Dates
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Other children in the family:

Name	Age	School
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Will your child need before and after school child care? _____

Morning hours needed _____ Afternoon hours needed _____

How did you learn about the Montessori School of Ojai?

Please add any information you think the school should have to help meet the needs of your child(ren).
