

New Fall 2025 Location: 8938 33rd St, Princeton, MN 55371

## MONTESSORI APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Previously Attended \_\_\_\_\_  
Gender ☐ Male ☐ Female  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Application for (check one):**

- ☐ Children's House: Half Day M-F (PreK/Kindergarten)  
☐ Children's House: 3-Day TWH (PreK)  
☐ Children's House: 5-Day M-F (PreK/Kindergarten)

### PARENT INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL INFORMATION

Who is legally responsible for this child's education? Where should billing be sent if other than above?

Name	Phone	Address	City	State	Zip
------	-------	---------	------	-------	-----

Do you have any special medical needs or conditions? If so, explain in detail. ☐ Yes ☐ No

Reason for applying to Discovery Montessori Academy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

\_\_\_\_\_