Applying for School Year 20 20

Student’s Full Name

Preferred Name Boy Girl

Date of Birth Home Phone Number

Street Address

City, State, Zip

**Record of Previous School(s) Attended**

Name of School Name of School

City/ State City/ State

Phone Phone

Grade(s)/ Year(s) Attend Grade(s)/ Year(s) Attend

**Parent/ Guardian 1 Parent/ Guardian 2**

Mr. Mrs. Ms. Dr. Other Mr. Mrs. Ms. Dr. Other

Full Name Full Name

Preferred Name Preferred Name

Street Address Street Address

City, State, Zip City, State, Zip

Cell Phone Cell Phone

Email Email

Relationship to Student Relationship to Student

Employer Employer

Title or Occupation Title or Occupation

Business Phone Business Phone

Parents/Guardians are \_\_\_ Married Parent 1 is \_\_\_ Married Parent 2 is \_\_\_ Married

\_\_\_ Partners \_\_\_ Separated \_\_\_ Separated

\_\_\_ Divorced \_\_\_ Single \_\_\_ Single

\_\_\_ Single \_\_\_ Widowed \_\_\_ Widowed

\_\_\_ Deceased \_\_\_ Deceased

Student resides with \_\_\_both Parent 1 \_\_\_\_Parent 2 \_\_\_Guardian(s)

Other adults (i.e. Stepparents, Grandparents) with whom the child lives

Name Name

Relationship Relationship

*Any legal arrangements concerning the student should accompany this document and must be notarized*

**Sibling Information**

Name Boy Girl Age

Date of Birth Present School

Name Boy Girl Age

Date of Birth Present School

Name Boy Girl Age

Date of Birth Present School

**Financial Responsibility**

Financial responsibility for the Student’s tuition will be assumed by [please provide name and address

If not Parent/Guardian(s)]:

**Race/Ethnicity**

HBM does not discriminate on the basis of race, religion, ethnic background, sexual orientation, economic means or learning/physical differences; and HBM seeks students from all racial and ethnic groups.

Optional: Please indicate the Students (S) and Parents/Guardians’ (P or G) race and specify ethnicity;

for example, Asian American/ Korean.

African American Middle Eastern

Asian American Multi-Racial: please specify races

Caucasian Native America: please specify tribe/nation

Hispanic American or Latino Others

Ethnicity

Please indicate the primary language spoken by the Student (S) and the Parents/Guardians (P or G).

English Spanish Other, please specify

3. Tell us about your child.

4. If your child has attended another school, did he or she have any difficulties?

5. Which other schools are you applying to for your child?

Please complete this additional question only if you are applying to the Primary, Kindergarten, Elementary, or Middle School program.

6. What are your child’s major academic strengths? Challenges?

**Please Have Both Parents/Guardians Read and Sign**

I (we) affirm that the information provided in this application is true and correct to the best of my (our) knowledge. I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.

I (we) authorize the school to request and receive verbal and written information which would aid in understanding my (our) child for the purpose of admission and in meeting the needs of my (our) child, including teacher recommendations and student progress reports. I 9we) understand and accept that all information and materials of any kind received as part of the admission process shall be completely confidential and will not be disclosed to anyone except Honey Bee Montessori officials, including the student and his/her family. Further, I (we) release the Honey Bee Montessori from all liability pertaining to the disclosure of this information.

I (we) confirm that I (we) have reviewed and understand the financial obligation of enrollment.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

**For Office Use Only**

Date Application Received Check # Amount $

Student Records Received Picture

Birth Certificate Received Student Visa Completed