



# Cathedral Montessori School

## Primary (Ages 3-6) Application for Admission

9 Fortress Road / New Orleans, LA 70122 / 504.252.4871 / info@cathedralmontessori.org

Please Print Clearly



### Applicant Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender:  Female  Male

Date of Birth: \_\_\_\_\_

Child MUST be 3 years old by September 30, 2019.

Previous School Experience: \_\_\_\_\_

May we contact the above school(s) for official assessments and records?  Yes  No

Current Member of Holy Trinity Greek Orthodox Cathedral?  Yes  No

I would like to enroll my child in: (check one program)

<input type="checkbox"/> Half Day: (\$5,550/yr) (8:30 am-11:30 am)	<input type="checkbox"/> Full Day: (\$7,625/yr) (8:30 am-2:30 pm)
Extended Day: Available 7:30-8:30 am and 2:30-5:30 pm	
<input type="checkbox"/> 1 hour/day <input type="checkbox"/> 2 hours/day <input type="checkbox"/> 3 hours/day <input type="checkbox"/> 4+ hours/day	

How did you hear about Cathedral Montessori School?

Referred by: \_\_\_\_\_

Internet Search

Advertisement

Other: \_\_\_\_\_

**Application Fee:** \$75.00 non-refundable

Cathedral Montessori School does not discriminate on the basis of race, color, national or ethnic origin, gender or handicap in administration of its educational policies, admission policies financial assistance programs or other administered programs.

### Family Information:

Child lives with:  Both Parents  Mother  Father  
 Other

Names and ages of siblings:

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

### Mother or Guardian:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Father or Guardian:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Date of Application: \_\_\_\_\_

Admissions Visit Date: \_\_\_\_\_ Tour Date: \_\_\_\_\_

- Application Fee
- Enrollment Contract
- Medical Information
- Immunization

- Master Card
- Child History
- Tuition Deposit
- Non-Vehicular Excursion

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_