



Inn Street Montessori School
52 Inn Street, Newburyport, MA 01950
ph. 978.463.0761 • www.innstreet.org

2010-2011 Application for Admission

Please submit your application with the required \$50.00 application fee

Child Information

Full Name	Child's Nickname	
Birth Date	Age	Gender
Place of Birth	Previous School	

Parent Information

Parent Name	Parent Name
Address	Address
City/State/Zip Code	City/State/Zip Code
Home Telephone	Home Telephone
Mobile Telephone	Mobile Telephone
Occupation/Title	Occupation/Title
Employer Address	Employer Address
Business Telephone	Business Telephone
Email	Email

Family Information

Sibling/Birth Date

School

Sibling/Birth Date

School

Sibling/Birth Date

School

Grandparent Name

Grandparent Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Please Respond to the Following

1. Please tell us about your child.

2. Why do you seek a Montessori education for your child?

3. Has your child had any serious illness, allergy, diagnosis or hospitalization? If yes, please explain.

Acknowledgements

I acknowledge that I have read and fully understand Inn Street's 2010/2011 Curriculum and Financial Policy

Parent Name

Parent Signature

Date