



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

## 2011-2012 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

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Sibling/Birth Date

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School

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Sibling/Birth Date

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School

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Sibling/Birth Date

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School

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Grandparent Name

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Grandparent Name

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Address

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Address

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City/State/Zip Code

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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

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Parent Name

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Parent Signature

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Date