

Hermosa Montessori School

Wait List

Child's Name: _____ Birthdate _____ Age _____

2010-2011 Grade Level _____ 2011-2012 Grade Level _____ Gender _____

Parent(s) Name: _____

Phone(s): _____

Email: _____

Address: _____

For Preschool and Kindergarten *only*, please indicate preference: Morning: 8:30a.m. – 11:00a.m.

Full Day: 8:30a.m. – 3:00p.m.

Does your child have a sibling(s) enrolled at Hermosa? If yes, name/grade _____

Does your child have a sibling(s) on the wait list? If yes, name/grade _____

Referred by: _____

Current School: _____ Records attached (circle): K, 1, 2, 3, 4, 5, 6, 7, 8

Comments: _____

Your child's position on the wait list will be for a three-month period only. You must come into the school and sign this form every three months to stay on the waiting list. Unless you reapply every three months, your child's name will be removed from the waiting list.

Parent Signature

Date

Office use only:

Tour Date: _____ Observation Date: _____ Visit Date: _____

Parent presentation LE ___ UE ___ MS ___ date _____ attended by Mom ___ Dad ___ other _____