

Lakeshore Montessori School

Mail to:
4803 NE 15th Ave
Vancouver, WA 98663
(360) 573-4103

Attach Child's photo

2019 – 2020 APPLICATION for ADMISSION

Child's name _____
First middle last usually called

Home Address _____ Phone _____
Street City zip

Male _____ Female _____ Date of Birth _____

Mother's/Guardian's name _____

Home Address _____ Home Phone _____
(if different from student)

_____ Cell Phone _____
City State zip

Email Address _____ Occupation _____

Place of Employment _____ Business Phone _____

Employment Address _____ zip _____

Father's/Guardian's name _____

Home Address _____ Home Phone _____
(if different from student)

_____ Cell Phone _____
City State zip

Email Address _____ Occupation _____

Place of Employment _____ Business Phone _____

Employment Address _____ zip _____

If parents are separated or divorced, please answer the following:

With whom does the applicant live? _____

Who is the legal guardian? _____

To whom should bills be sent? _____

To whom should mailings be sent? _____

If remarried, stepmother/stepfather name: _____

List other children in Family:

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

I am interested in informal child care Yes _____ No _____

Best to call in case of student illness or emergency:

Name: _____ **Phone Number:** _____

Address: _____ **zip** _____

Please return this completed application with the non-refundable application fee of \$50.00

Parent/guardian Signature _____ Date _____

Lakeshore Montessori admits students of any race, color, disability, religion, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, and other school-administered programs