Lakeshore Montessori School

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

Attach Child's photo

2022 - 2023 APPLICATION for ADMISSION \$50 Fee

Child's name _							
	First	middle		ast	usually called		
Home Address			Phone				
	Street	City	zip				
Male F	emale	Date of Birth	Date of Birth				
Check Hours: 8:30-1		8:30-3	30-3 8:30-6		7:30-8:30		
Mother's/Guar	dian's name _.						
Home Address				Home Phone			
	•	from student)		Cel	Phone		
City		State	zip				
emaii Adaress_			Occupation_				
Place of Employment					_ Business Phone		
Employment Address				zip			
Father's/Guarc	dian's name _						
Home Address					Home Phone		
	(if different	from student)					
City		State	zip	Cei	Phone		
Email Address_							
Place of Emplo			Business Phone				
Employment Address				zip			

If parents are separated or divorced, please of	answer the follo	wing:							
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_									
Best to call in case of student illness or emergency:									
Name:	ımber:								
Address:			_zip						
Please return this completed application with	the non-refund	dable applica	ation 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