

Discovery Montessori School

Student Entry 2024-25 to 2026-27

Date _____

This form starts your child's student file. \$45 Application Fee due

Submit to **Discovery Montessori School, 2836 34th Avenue West, Seattle, WA 98199**

Child's Name: _____ Birthdate: _____

Home Phone: _____ Phone #2 _____

Address: _____ Zip: _____

Parent: _____ **Parent:** _____

Work Place: _____ Work Place: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

e-mail: _____ e-mail: _____

Please list siblings and birthdates:

Names of other guardians:

Describe your child's experience to date in terms of peer group and/or school

Describe your child's present health and significant health history: _____

Date of last physical exam: _____ Toilet Ready? _____

When do you wish for you child to begin attending Discovery Montessori? _____

Please indicate your interest in a schedule on the Enrollment Worksheet.