



# Bloomington Montessori School

1835 S. Highland Avenue - Bloomington, IN 47401-6702 - 812-336-2800

## Elementary Application 2015/2016

For Office Use:

App Rec \_\_\_\_\_ Fee Rec \_\_\_\_\_

Entered \_\_\_\_\_ Book Sent \_\_\_\_\_

Sib \_\_\_\_\_ Legacy \_\_\_\_\_

Date Desired for Admission/Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Middle Nickname

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Age at Time of Desired Admission: \_\_\_\_\_

Did either parent graduate from 6<sup>th</sup> grade at BMS or attend 4 or more years at BMS? \_\_\_\_

If yes, an additional BMS form is required: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling Names	Birthdate
_____	_____
_____	_____

Has child attended a Montessori school previously? \_\_\_\_\_

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_

How did you hear of the Bloomington Montessori School? \_\_\_\_\_

**Please return this form with your \$35 application fee. (OVER)**

Please use this side of the sheet for any comments about your child which you think would be helpful to the teachers, e.g. activities which occupy the child's attention for the longest periods of time, fears, special health problems, etc. Thank you!