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APPLICATION FORM

INSTRUCTIONS: Please fill out this form, and mail with a check for \$100 payable to
“Topanga Montessori School” to: Director of Admissions
The Topanga Montessori School 1459 Old Topanga Canyon Rd. Topanga,
CA 90290

Child’s Full Name _____
Last Middle First

Preferred Name or Nickname:

Age _____ Date of Birth _____ Country of Birth _____
Month/Day/Year

Citizen of _____

Current School: _____ Address _____

Previous School:1) _____ Address _____

Language(s) spoken at home: _____

Family Information

Parent	Parent
Name	Name
Address	Address
City _____ Zip _____	City _____ Zip _____
Home Phone ()	Home Phone ()
Home Fax ()	Home Fax ()
Home email	Home email
Employer	Employer
Address	Address
Phone	Phone

If parents are separated or divorced with whom does the child live?

Who is or are the legal guardians of the child? _____

Address and Phone numbers of legal guardian(s) _____

To whom should correspondence be addressed? _____

Name the Stepparents(s) in child's home(s): _____

Please list the names and ages of sister(s) and brother(s) and the schools they attend.

Any other adults living in the home? _____

Other Information:

Upon enrollment, may we share your name/address/phone number with other enrolled families in a school directory?

Yes _____

No _____

To which other schools have you made applications? _____

Who referred you to the Topanga Montessori School? _____

Signatures:

Signatures of Parent or Guardian _____

Relationship to applicant _____ Date _____

Please feel free to call the Admissions Office, if you have any questions:

Statement of Policy

The Topanga Montessori School is open for applicants regardless of cultural heritage, race, nation of origin, gender or sexual orientation, who demonstrates appropriate academic qualifications, character and purpose.