



NORTH SHORE MONTESSORI SCHOOL

218 Christian Avenue, Stony Brook, NY 11790

(631) 689-8273

ID #: _____

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Child's Name: _____ Male Female

First Middle Last

Date of Birth: _____ School District: _____

Month Day Year

Address: _____

Street Address

My child has been evaluated for the following
Early Intervention Services:

Speech & Language

OT/PT

Other _____

Town

Zip Code

Telephone No: _____

Other Spoken Language: _____

BIRTH CERTIFICATE VERIFICATION (office use only)

Child's Legal Name: _____ DOB: _____

State Issued: _____ Certificate #: _____ Verified by Staff Member: _____

(initials)

FAMILY INFORMATION

Name: _____ Relationship: Mother Father Legal Guardian

Home #: _____ Cell #: _____ Work #: _____

Address: _____ Occupation: _____

(If Different From Child's)

Name: _____ Relationship: Mother Father Legal Guardian

Home #: _____ Cell #: _____ Work #: _____

Address: _____ Occupation: _____

(If Different From Child's)

Parents Are:

Married Domestic Partners Separated* Divorced* Single Mother/Father Deceased

*Please attach a copy of the court order designating legal custody if appropriate.

Sibling(s):

Name Date of Birth Name Date of Birth

Referred By:

Internet Referring Family: _____ Other: _____

ADMISSIONS FEE: \$125 (New Students) / \$50 (Returning Students) / Fee waived for returning Kindergartners

In order to register your child at North Shore Montessori School, the admissions fee must accompany this application. If NSMS is unable to accommodate your child with a space in our program, the admissions fee will be refunded.

-continued on reverse

