

**2011-2012 STUDENT APPLICATION**

**Lake Mary Montessori Academy, Inc.**

3551 W. Lake Mary Blvd., Lake Mary, FL 32746

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E-mail: [LMMontessori@aol.com](mailto:LMMontessori@aol.com)

Founders and Executive Directors: Sheila Linville M.A.T. & Scott Linville M.A.

**Please check one:**

Half Day Pre-school 3 day Program: (8:30 – 12:30) \_\_\_\_\_

Half Day Pre-school 5 day Program: (8:30 – 12:30) \_\_\_\_\_ or with Elementary Sibling \_\_\_\_\_ (8:00-12:30)

Full Day Pre-school & Kindergarten: (8:30-2:30) \_\_\_\_\_ or with Elementary Sibling \_\_\_\_\_ (8:00-2:45)

Elementary: (8:00 – 2:45) \_\_\_\_\_

**\*The Transition Program will be 8:30-10:30 a.m. for the first two weeks of school for new children ages 3 & 4**

**Date:** \_\_\_\_\_

**STUDENT PROFILE: Please print clearly.**

Applicant's Name(s) \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

\_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

\_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Neighborhood \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_

**FAMILY INFORMATION: Please print clearly.**

Marital Status of Parents:     Single     Married     Separated     Divorced     Widowed

**Mother**  
Name (Dr./Mrs./Ms.) \_\_\_\_\_

**Father**  
Name (Dr./Mr.) \_\_\_\_\_

Home Address \_\_\_\_\_  
*If different from applicant's*

Home Address \_\_\_\_\_  
*If different from applicant's*

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Driver's License \_\_\_\_\_

Driver's License \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

**FAMILY PROFILE**

With whom does the child live? \_\_\_\_\_ Name of Step Parent \_\_\_\_\_

Who is financially responsible for the child? \_\_\_\_\_

Applicant's siblings

*Name*

*Age*

*Birth Date*

*School Attending*

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INVOLVEMENT**

Please note what organizations you are personally affiliated with or active in:

\_\_\_\_\_  
\_\_\_\_\_

**TRANSITION PROGRAM**

New Primary children will transition with 2 weeks of a schedule from 8:30-10:30 a.m. This enables younger children to have a shorter day and make the adjustment to school a happy and successful experience for both parent and child.

**OFFICE INFORMATION**

Child's Physician's Name/Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Person(s) to pick up your child and in case of illness or emergency, if parents cannot be contacted:

1. \_\_\_\_\_  
 (Name) (Phone) (Relationship)
2. \_\_\_\_\_  
 (Name) (Phone) (Relationship)

**GRANDPARENTS**

**Maternal:**

**Paternal:**

Title First Name(s) Last Name(s)

Title First Name(s) Last Name(s)

Nickname

Nickname

Street

Street

City State Zip Code

City State Zip Code

E-Mail

E-Mail

**SIGNATURES**

\_\_\_\_\_  
*Father's Signature* *Date*

\_\_\_\_\_  
*Mother's Signature* *Date*

**At the family visit, there is a \$75.00 Assessment and Application fee. The Heads of School will talk with your family about your child's acceptance. The Enrollment Deposit of \$300 will be due to reserve your child's space for the upcoming academic year. All fees are non-refundable.**