

2018-2019 STUDENT APPLICATION

Lake Mary Montessori Academy, Inc.

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

Ph: 407-324-2304 www.LMMA.net

E-mail: LMMontessori@lmma.net

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

Please check one:

Half Day Pre-school 3 day Program (T,W,TH): (8:30 – 12:30) \_\_\_\_\_ or with Elementary Sibling \_\_\_\_\_ (8:00-12:30)

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 Program: (8:00 – 2:45) \_\_\_\_\_

\*Half Day 3 day Program available only for initial enrollment year at LMMA

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

Kindergarten Eligibility: Florida Law mandates that children need to be age 5 on or before September 1st to enter Kindergarten.

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

STUDENT PROFILE Please print clearly.

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

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

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

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

Allergies / Medications \_\_\_\_\_

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**

Name of Step Parent (if any): \_\_\_\_\_

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*

**For new families to LMMA, during 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.**