

2020-2021 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.