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[www.HeartlandMontessoriAcademy.com](http://www.HeartlandMontessoriAcademy.com)

## Application for Admission

### Location

McKinney

Irving

Infants: (6wks – 17mo)

Toddlers: (18mo – 3yr)

Transition: (3yr – 4yr)

Primary: (4yr – 6yr)

Half Day M – F 8:15am – 12:15pm

Full Day M – F 8:15am – 3:00pm

Extended Day M – F 6:30am – 6:30pm

Before & After School Care (1<sup>st</sup> thru 5<sup>th</sup> grades) M – F 3:00pm – 6:30pm

Drop off and Pickup from area schools is available

### Applicant Information

Date: \_\_\_\_\_ Intended date of enrollment: \_\_\_\_\_

Child's full name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street* *State* *Zip*

Date of Birth: \_\_\_\_\_ Male  Female

### Family Information

Student lives with: Both parents  Mother  Father  Other: \_\_\_\_\_

### Parent 1

Name: \_\_\_\_\_  
*First* *Last*

Home Address: \_\_\_\_\_  
*(if different from applicant)*

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Ph.: \_\_\_\_\_

### Parent 2

Name: \_\_\_\_\_  
*First* *Last*

Home Address: \_\_\_\_\_  
*(if different from applicant)*

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Ph.: \_\_\_\_\_

### Siblings

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Pregnancy due date: \_\_\_\_\_

To apply for admission to our school please complete this form and return to the office. There is an annual registration fee of \$125 for all new families which is **non-refundable**.

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

*Develop a love of learning and approach the world with self-confidence, intellectual curiosity, joy, and respect.*