



STUDENT INFORMATION

Student name _____ Male Female

Date of birth _____ Place of birth _____ Grade _____ School year _____

Preschool students only > Program: MTWRF MWF TR Duration: FULL DAY AM PM

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Home address _____

Home phone _____ Alternate phone _____

Primary email _____ Secondary email _____

PRESENT SCHOOL INFORMATION

School name _____ Grades attended _____

School address _____

SIBLING INFORMATION

Name	Age	Grade	Gender	School

Signature of Parent/Guardian _____ Date _____

Use the back of this form for any additional comments you may have. Please return this form with a \$50 application fee to: McGuffey Montessori School, 5128 Westgate Drive, Oxford, OH 45056

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