



Date Received	
Payment type and #	
Date of Admission	
Enrollment Period	

For office use only

VILLAGE MONTESSORI SCHOOL

740 Pine Avenue
Carlsbad, CA 92008
Tel: (442) 333-9359
Fax: (760) 683-3150

APPLICATION FOR ADMISSION

Please submit with **non-refundable** \$100 Application Fee.

Applying for: Infant ☐ Toddler ☐ Preschool ☐ Kindergarten ☐ Grade ☐ _____

Date of Application: _____

Preferred Date of Enrollment: _____

School Applicant Currently Attending: _____ Current Grade: _____

Child's Information

Child's Name: _____ Birth Date: _____ Sex: _____

Address: _____ Phone: _____

Number of Siblings/Names: _____

Siblings currently enrolled at VMS: _____

With Whom Does the Child Reside?: _____

Allergies/Illnesses/Special Medical Treatments: _____

Child's Special Interests and Qualities: _____

Parent/Guardian Information

Marital Status: (please underline)

Married / Divorced / Single / Widowed / Separated

Father/Guardian Name: _____

Address: _____

Occupation: _____ Employer: _____

Email: _____ Phone (h): _____ Phone (c): _____

Mother/Guardian Name: _____

Address: _____

Occupation: _____ Employer: _____

Email: _____ Phone (h): _____ Phone (c): _____



Other Information

How did you hear about VMS?: _____

What do you expect this school to do for your child?: _____

Additional Comments: _____

I (We) hereby apply for admission to Village Montessori School for my child, and have enclosed the required non-refundable application fee of \$100 and attached a recent photograph of my child

Signed (Father/Guardian): _____ Date: _____

Print (Father/Guardian): _____

Signed (Mother/Guardian): _____ Date: _____

Print (Mother/Guardian): _____