



# Lamplighter Montessori School

## Applying for

Grade Level \_\_\_\_\_

Academic Year \_\_\_\_\_

## Student Info

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ST, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Child Lives With  Family  Father  Mother  Guardian

## Father's or Guardian's Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

## Mother's Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

## Other Information

How were you referred to this school? \_\_\_\_\_

Current or Previous School Attended and Dates:

\_\_\_\_\_

\_\_\_\_\_

*Continue to next page*

**Other Information (cont.)**

Names and ages of brothers and sisters:

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List any relatives or family members who are alumni of Lamplighter Montessori School:

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Has your child ever been tested for or received:

- |  |   |
|--|---|
| <input type="checkbox"/> Speech, hearing and/or occupational therapy | <input type="checkbox"/> Psychological/educational assessment |
| <input type="checkbox"/> Neurological evaluations                    | <input type="checkbox"/> Ocular dysfunction                   |
| <input type="checkbox"/> Learning differences evaluations            | <input type="checkbox"/> Psychological counseling             |

***To better serve your child's needs, we require these testing results prior to your child being considered for placement.***

Has your child been on probation, suspended, dismissed, or withdrawn from any school?

- Yes       No

***If yes, please attach a statement giving the name of the school and relevant details.***

**Please know with full assurance that all information provided by you will be utilized with utmost discretion by Lamplighter Montessori School in connection with the admission procedure. We appreciate your interest in our school and feel privileged that you would entrust us with the care of your child. Our admission policy is based on a sincere interest to determine, with the parent, the best possible educational experience for each child.**

**Instructions**

Please forward application, copy of birth certificate, and non-refundable application fee of \$100.00 to:

**Lamplighter Montessori School**  
8563 Fay Road  
Cordova, TN 38018

***Lamplighter Montessori School does not discriminate on the basis of race, religion, ethnic or national origin in admission or in any other activities or program in the school.***