



# COMPASS STAR MONTESSORI

3500 North Rock Road, Building 2700 | Wichita, Kansas 67226 | 316-213-2253 | [www.csmontessoriwichita.com](http://www.csmontessoriwichita.com)

MONTESSORI

## Application for Enrollment

### Child's Information:

\_\_\_\_\_

(name)

\_\_\_\_\_ Male ( ) Female ( )

(date of birth)

Previous School Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent / Guardian Information:

\_\_\_\_\_

(name / relationship)

\_\_\_\_\_

(name / relationship)

\_\_\_\_\_

(address)

\_\_\_\_\_

(address)

\_\_\_\_\_

(city, state, zip)

\_\_\_\_\_

(city, state, zip)

\_\_\_\_\_

(home phone / cell phone)

\_\_\_\_\_

(home phone / cell phone)

\_\_\_\_\_

(business phone)

\_\_\_\_\_

(business phone)

### Family Environment Information:

Parents are: ( ) Living Together ( ) Separated ( ) Divorced

Siblings (Names and Ages):

\_\_\_\_\_

\_\_\_\_\_



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### Medical Information:

Family Physician:

\_\_\_\_\_

(name)

\_\_\_\_\_

(practice)

\_\_\_\_\_

(phone)

Allergies / Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts (please list by priority):

\_\_\_\_\_

(name / home phone / cell phone)

\_\_\_\_\_

(name / home phone / cell phone)

\_\_\_\_\_

(name / home phone / cell phone)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Name and Relationship to Student