

## Student Application

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle MM/DD/YYYY*

Address: \_\_\_\_\_  
*Street Address Apt. # City State Zip*

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

Mother's Name: \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_  
*Street Address Apt. # City State Zip*

Mother's Cell Phone: Work Phone: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_  
*Street Address Apt. # City State Zip*

Father's Cell Phone: Work Phone: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

Please List Siblings and Ages: \_\_\_\_\_  
\_\_\_\_\_

Other family members in the home: \_\_\_\_\_  
\_\_\_\_\_

Parents are:  Married  Separated  Divorced  Living Together

Student's Experience in Daycare or School Programs (please include dates attended): \_\_\_\_\_  
\_\_\_\_\_

Student's Interests and Hobbies: \_\_\_\_\_

### How did you hear about Compass Star Montessori?

Radio  Television  Print ad  Billboard  Digital/Online ad  Friend  Other: \_\_\_\_\_

### Application Checklist—For Office Use Only

Parent Visit  Student Shadow Day  EC Director Evaluation (Transfers Only)  
 Previous Program Reports/Evaluations

NOTES: \_\_\_\_\_