TRINITY MONTESSORI SCHOOL

Program Application Packet, 2024-25 Academic Year



Child's Full Name:	
Date of Birth, or Expected:	Gender at Birth:
Preferred Starting Date: $\ \square$ Fall 2024 $\ \square$ Spring	2025 \square Fall 2025 \square 1st Available
Parent/Guardian 1:	Best Contact Phone:
Parent/Guardian 1 Best Contact Email:	
Parent/Guardian 1 Occupation/Employer:	
Parent/Guardian 2:	Best Contact Phone:
Parent/Guardian 2 Best Contact Email:	
Parent/Guardian 2 Occupation/Employer:	
Please List Names/Ages of Any Siblings:	
Please List All Prior Schools in which your Child has been Enrolled:	
List All Medical, Emotional, or Developmental Needs/Diagnos	is, or Evaluations, including Recommendations/Referrals to be
Evaluated, made by a Physician, Psychologist, or Specialist:	
How would you describe your Family? What are some favorite	e Family Activities? How do you conduct Discipline?
What is your current level of familiarity or experience with the	e Montessori Method?
What Goals do you have for your Child? How do you view a pa	artnership with Trinity Montessori School as a support to those Goals?
Trinity Montessori School enrolls Students through Age 12/6 th to enroll elsewhere and when.	Grade. Please indicate your long-term Enrollment intentions, or plans
I certify that the information above is correct. Students are evaluate	ed during a 6-week probationary period to determine long-term placement.
Parent Signature:	Date:

Please email all completed applications to mike@trinitymontessori.com

Upon submission, all applications are processed, the child is placed on our waitlist, and a member of our team will contact you to confirm receipt. Schedule permitting, you may be offered a tour of our campus.

An application to Trinity is valid for all available age groups, regardless of the date of submission.

We reserve the right to assess your child before placement.

TMS makes no guarantee of enrollment.