



Independence. Respect. Responsibility.

Application for Admission

Child's Full Name _____

First

Middle

Last

Birthday _____

Male _____ **Female** _____

Mother or Guardian _____

Physical Address _____

Mailing Address _____

Occupation _____

Phone _____ Email _____

Father or Guardian _____

Physical Address _____

Mailing Address _____

Occupation _____

Phone _____ Email _____

Siblings

Name

Age

School (if applicable)

Name	Age	School (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Days (Please circle) M T W Th F

Desired Start Date _____

Children are evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the parents' educational philosophy is comparable with that of Gore Range Montessori. Gore Range Montessori welcomes all qualified individuals regardless of sex, race, color, creed, disability, national, or ethnic origin.

I hereby apply for the admission of _____ to Gore Range Montessori and agree to abide by the rules and regulations thereof.

Signature of parent or guardian

Date

Please return application and \$30 application fee to

Gore Range Montessori

P.O. Box 2981

Edwards, CO 81632

(970) 926-3333

edwards@gorerangemontessori.com

Application fee can be paid by check or Zelle