

SOUTHAMPTON MONTESSORI SCHOOL

135 ST.ANDREWS ROAD
SOUTHAMPTON, NY 11968
TELEPHONE 631•283•2223
FAX 631•283•8261



Application for Admission

_____ School Year

Male Female

A.M. Pre-School 9:00-11:45

P.M. Pre-School 12:30-3:15

Child's Name _____ Birth Date _____

Address _____ Phone _____

Town _____ Zip _____

Mothers Name _____ Phone _____

Address _____

Employer and Address _____

Phone _____

Father's Name _____ Phone _____

Address _____

Employer and Address _____

_____ Phone _____

Siblings _____ Age _____

_____ Age _____

Previous School Experience: Yes No

Where _____

Dates Attended _____

A \$15.00 fee must accompany this application.

Please make check payable to: Southampton Montessori School.

Mail check and application to address above.

How did you hear about Southampton Montessori School?

Parent Signature _____