

Lake Hills Montessori – Application Form

Return to: Jodie Whitman or Dionne Kizziar, Director
5130 E.101st Street Tulsa OK 74137
(918) 296-9936

Student Information:

Name: _____
Date of Birth: _____ Date of Application: _____
Requested Enrollment Date: _____ Pick-up time: 12 pm__ 3 pm__ 4 pm__
Age (at time of enrollment): _____ yrs _____ months Gender: Male____ Female____
Home Address: _____ Zip _____ Home Phone: _____
Primary Language (spoken at home) _____

Parent/Guardian Information:

Mother/Guardian 1 Name: _____
Address (if different from student): _____
Occupation: _____ Business Address: _____
Phone- Work: _____ Cell: _____ Home: _____
E-Mail- Home: _____ Work: _____
Father/Guardian 2 Name: _____
Address (if different from student): _____
Occupation: _____ Business Address: _____
Phone- Work: _____ Cell: _____ Home: _____
E-Mail- Home: _____ Work: _____

Previous School: last school attended by Student

School _____ City/State _____ From _____ To _____

Sibling's Schools: names, ages, and schools attended by Siblings

Name Age School

How did you hear about Lake Hills Montessori? _____

Signature _____ **Relationship** _____ **Date** _____