



P.O. Box 102 * Front Royal, VA * 22630

(540) 636-4257 * info@mlm-school.org

ADMISSION APPLICATION FOR JR. HIGH

Applications are accepted throughout the year. Admission decisions are based solely on our faculty's confidence in meeting your child's unique educational needs. Applications will not be accepted without the required \$100 application fee.

Full Name of Applicant _____

First

Middle

Last

Applying for:

7th Grade _____

8th Grade _____

9th Grade _____

In the School Year Beginning September, 2 _____

Date of Birth _____

Age _____

Place of Birth _____

Mother's (or guardian's) Name _____ Cell Phone: _____

Email: _____

Father's (or guardian's) Name _____ Cell Phone: _____

Email: _____

Home Address _____

Alternate Home Telephone Number _____

Person(s) Financially Responsible for Tuition _____

Why do you wish to send your child to Mountain Laurel Montessori School? _____

How did you hear about Mountain Laurel Montessori School? _____

I hereby acknowledge and represent that the information provided in this application is true, correct, and complete to the best of my knowledge, and I further acknowledge that a material omission or false information may constitute grounds for dismissal from Mountain Laurel Montessori School.

Parent Signature _____ Date _____

*** Please Enclose a non-refundable application fee of \$100.00 made payable to MLMS ***

Office Use Only:

Entry Date: _____

Termination Date: _____

Application Complete: _____

AL/CM: _____