



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Application for Admission

Thank you for considering Our Lady of Grace Montessori School. Please complete this application and return it to Sister Kelly Quinn, Principal, Our Lady of Grace Montessori School, 29 Shelter Rock Road, Manhasset, NY 11030. It is most important for both parents, where applicable, or the parent and person responsible for payment of tuition bills to sign the application.

Our Lady of Grace Montessori School does not discriminate on the basis of race, color, national or ethnic origin. All students are required to participate in religion classes as well as all religious celebrations.

Students are expected to remain in each level of the program for three years to attain the full benefit of the Montessori Method of Education.

Name of Student _____
Last First Middle

Applicant to begin enrollment in (month – year) _____

Session preferred? AM PM Full Day

Father's Name _____ Religion _____

Home Address _____

Telephone (____) _____ Occupation _____

Business name and address _____

Job Title _____ Telephone: _____

Father's Email Address: _____

Mother's Name (maiden) _____ Religion _____

Home Address _____

Telephone (____) _____ Occupation _____

Business name and address _____

Job Title _____ Telephone (____) _____

Mother's Email Address: _____

Student Personal Data

Date of birth _____ Male _____ Female _____ Born _____
month date year country or city, state

Child's Religion _____ Registered Parish _____

Place of Baptism _____ Date _____

Why are you considering Our Lady of Grace Montessori School? _____

Family Data

Is either parent a graduate of OLG? Yes No

If yes, who and when? _____

Contact Data

Mailing title _____

Permission to publish name, address, telephone number in Parent Directory? Yes No

Are parents separated? Yes No Divorced? Yes No

If yes, who has legal custody? _____

If a court order exists, please submit for student's personal file.

With whom does the student live? _____

Are duplicate mailings required? Yes No

Academic Data

Has your child had any special testing done? Yes No

If so, are you willing to share the report with us? Yes No

School district of child's residence _____

Please share information to help us understand your child's special needs: _____

Enrollment for: _____
First Middle Last

If accepted for Admission with payment of the Non-Refundable Registration Fee, please enter my child as a student in Our Lady of Grace Montessori School for school years _____ to _____ subject to the philosophy, calendar, and fee schedule of the school.

1. (I/We) understand the importance of regular attendance at school and realize that children may miss school in the case of illness. In such occurrences, a note explaining absence is required upon the child's return to school.
2. The use of (my/our) child's photograph in school publications and advertising is authorized unless a signed document opposing such action is submitted to the office.
3. (I/We) authorize Our Lady of Grace Montessori School to contact schools and other agreed upon resources to obtain information to support this application and (I/We) will not seek access to confidential recommendation/evaluation materials before or after (my/our) child's admission.
4. (I/We) understand that all students are required to have on file specific records before the first day of classes. (Immunization – physical examination - health history). Parents should request release of these records after acceptance for admission.
5. (I/We) will support the school in overseeing the completion of assignments necessary to meet the academic requirements of each grade level.
6. The school is not responsible for damage to or loss of personal belongings.
7. Tuition must be paid in full by April 15th of the current school year. Tuition may be paid in full or monthly installments.

date signature of parent/guardian relationship

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