



Primary School (3-4 Year Olds*) Wait List Application

GENERAL STATEMENT

I/We, _____

Hereby apply to enroll my/our child, _____

in Khalsa Montessori Primary School for the _____ School Year*.

**Child must be three years old by 09/01 of the coming school year to apply. **The Wait List is for one school year only and does not roll over.*

Does your child have a sibling who is currently enrolled or on the Wait List? Yes No

Enrolled Please list name(s): _____

On Wait List Please list name(s): _____

BACKGROUND

Child's date of birth: ____ / ____ / ____

Gender: Male Female Is your child potty trained? Yes No

Previous School(s): _____

Previous Montessori training?: Yes No Montessori School: _____ Years attended: _____

Does your child have special needs? Yes No

ETHNICITY & LANGUAGE (Arizona Department of Education **required** information.)

Is Child Hispanic/Latino? Yes No

Child's Race: White Black/Afro-American Asian American Indian/Native Alaskan Native Hawaiian/Pacific Islander

What is the primary language of the student? _____

(This question is in compliance with A.R.S. §15-756. Answer with the language used most often by the student.)

EDUCATION VIEWS & PLANS

Why are you choosing Montessori for your child? _____

How many years do you plan to have your child in Khalsa Montessori? _____

How did you hear about Khalsa Montessori? _____

PARENT INFORMATION

Mother/Guardian: _____

Father/Guardian: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

PARENT SIGNATURE(S)

I/We understand that Khalsa Montessori Primary School (KMPS) contracts are based on school year (August-May) commitments. I/We understand that my Waitlist Application will be placed in a waitlist pool and I/We will be contacted for a student assessment when and if an opening becomes available. I/We understand it is my/our responsibility to inform Khalsa Montessori with any changes to our contact information.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date