Nature's Classroom Institute of Wisconsin,
Nature's Classroom Montessori
W1802 County Road J, P O Box 660
Mukwonago WI 53149
262-363-6820
www.nciw.org

A $50 nonrefundable application fee must accompany this form.

FOR OFFICE USE ONLY:

Fee Rec'd by _____ Date _____ Ck# _____

APPLICATION FOR ADMISSION

(Please Check One)

_____ Primary Class (Half Day) _____ Primary Class (Full Day)

_____ Elementary I (6 – 9 year olds) _____ Elementary II (9 – 12 year olds) _____ Junior High (13 – 14 year olds)

Academic School Year 2010 - 2011

Student Information

Student Name: _____ Date of Birth: _____
First Middle Last

Name commonly used: _____ Gender: Male _____ Female _____ Home Telephone #_____

Home Address: _____
Street City State Zip Code

List Previous School Experiences or Group Experiences: _____

_____

Where? _____ How Long? _____

What languages are spoken at home? _____

Parent/Guardian Information

Father's Name: _____

Address: _____
Street City State Zip

Home Phone: _____

Email Address:_____

Cell/Alternative Phone: _____

Occupation: _____

Work Phone: _____

Mother's Name:_____

Address: _____
Street City State Zip

Home Phone: _____

Email Address:_____

Cell/Alternative Phone:_____

Occupation: _____

Work Phone:_____

Martial Status: _____

Parents or guardians listed above have permission to pick up the student unless otherwise indicated. If a divorced parent has restricted contact with the student, you must supply the school with a certified copy of the divorce decree as well as any other legal documents.