



Meadow Oaks Montessori Academy

Private • PK 18 Mos.- PK 5
15720 Hillcrest Rd.
Dallas, TX 75248
(972) 285-7647 FAX

WWW.MEADOWOAKSACADEMY.COM

APPLICATION FOR ADMISSION

Academic Year _____ Age on September 1st _____ Date _____

Child's Full Name _____
Last First Middle

Favored Name or Nickname: _____

Child's Address _____
City State Zip

Child's Home Telephone () _____

Gender: Male Female Social Security# _____

Birth date _____ Birthplace _____ Citizenship _____

Is child adopted? _____ at what age? _____ Does child know? _____

Parent's Marital Status: Together _____ Separated _____ Divorced _____

Stepmother _____ Stepfather _____ Grandparent _____

Student's Current School () _____
Telephone # of Current School

Address of Current School () _____
Fax# of Current School

Custodial Parent or Guardian Spouse

Occupation/Title Occupation/ Title

Employer Employer

() Business Telephone# () Business Telephone #

Cell Phone# Cell Phone #

Pager # Pager #

E-Mail Address E-Mail Address

Last 4 digits S.S.# Last 4 digits S.S.#

TX DL# TX DL#

Parent email: _____

Programs:

- Montessori
- Full and Part Time
- Before & After care
- STEM activities
- Physical Education
- Lunch/Snack
- Summer Camps

(Please list all members that are living at home and their relationship to this child). Use back if needed.

Name	Age	Grade	School/Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the child have siblings that do not live in this home? _____

Please state why you would like to enroll this child at Meadow Oaks Montessori Academy: Use back if needed.

Has this child ever had any serious discipline problems or been asked to leave school? Use back for details.

If yes, please explain _____

Has this child been tested or received special help for reading or learning differences? Use back for details.

If yes, please explain _____

Please list any mental, emotional, or physical challenges which may affect the child's activities or progress. Use back if needed. _____

Does the student regularly require any medication? _____

Might your child need an epipen? _____ Does your child have breathing treatments? _____

If yes, please explain: _____

Who has legal custody of applicant? _____ (MOA needs copy of custody arrangements)

Financial Responsibility for applicant will be assumed by: _____

If different from Mother and/or Father on Page 1, please provide the following information:

Name	Social Security #	Home Telephone#	Work Telephone #
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____

Please review Fee Schedule and choose the appropriate method of payment:

_____ Monthly _____ In Full _____ Other (Explain) _____

All information regarding progress and correspondence should be sent to:

Mother Father Both Other _____

Is a language other than English spoken in your home? _____ Yes _____ No

If Yes, which language? _____

Limitations in your child's physical activities or other health concerns about which the school should be aware.

If enrolled, M.O.A. has my permission to use my child's picture in any, publications, or advertisements in local newspapers, television, etc. Yes No

How did you hear of Meadow Oaks Montessori Academy? _____

Has your child ever attended a Meadow Oaks Academy? _____ Campus: _____ Year: _____

It is understood that this application is made to the terms of admission, acceptance by School Administration, and tuition rates that are in effect at the time of entrance to Meadow Oaks Montessori Academy.

Signature of Parent/Guardian _____ Date _____