

PARENT QUESTIONNAIRE

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

If your child or family has experienced any special challenges or circumstances that may affect the child's school experience, please describe them or request a conference with Director of Admissions to discuss. _____

How did you hear about Austin Montessori School? (Please Specify)

Word of Mouth Referral: _____ Internet: _____
(NAME) (WEBSITE)

Radio: _____ Print: _____
(STATION) (PUBLICATION)

Other: _____

Name of relatives or friends who have attended: _____

This document constitutes an application for admission and acceptance of the application by Austin Montessori School in no way binds or obligates the school to accept the student for whom the application is made. The selection of applicants (and continuation of any student) shall be the sole and absolute discretion of the Austin Montessori School. Application is made to the school and placement of the students in the classes, as well as with particular guides, will be made through careful consideration of the needs of the individual child and the composition of the classes.

NOTICE OF NONDISCRIMINATORY POLICY Austin Montessori School does not discriminate in enrollment on the basis of race, national origin, or religion. We do not screen children through testing. Our students come from a broad section of background, lifestyles, and economic levels. We are committed to serving children whose parents support our values and philosophy.

Parent's signature _____

All information on this application is kept confidential.

Please send this application along with a check for \$100.00 made out to Austin Montessori School to the following address:

AUSTIN MONTESSORI SCHOOL
5006 Sunset Trail
Austin Texas 78745