

Application received _____

School Year _____

Montessori School of Greater Hartford

141 North Main St., West Hartford
Connecticut 06107 | 860 236 4565
tokoo@msgh.org | msgh.org



APPLICATION FOR

Elementary Program Enrollment

Please circle plan preference: Full day 8:30-3:15 All day 8:30-5:30

Child's full name _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

Ethnicity: African American Asian American European American International
 Latino/Hispanic Middle Eastern Multiracial Native American
 Pacific Islander Unsure/Not Reported

First Language _____ Language(s) spoken in home _____

Siblings

Name	Date of Birth	Gender	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there others in the immediate household? _____

Parent/Guardian _____ Parent/Guardian _____

Home address _____ Home address _____

Phone: home _____, cell _____ Phone: home _____, cell _____

E-mail address _____ E-mail address _____

Employer _____ Employer _____

Address _____ Address _____

Work phone _____ Work phone _____

Position _____ Position _____

Education (please check highest level completed)
 High school College Post-graduate
Name of school from which you graduated/Year

_____/_____/_____

Education (please check highest level completed)
 High school College Post-graduate
Name of school from which you graduated/Year

_____/_____/_____

Grandparent Information

Name _____ Name _____

Home address _____ Home address _____

Phone: home _____, cell _____ Phone: home _____, cell _____

E-mail address _____ E-mail address _____

Are parents separated or divorced? Yes _____ No _____

If yes, please answer the following:

With whom does the child live? _____

Who is the legal guardian? _____

To whom should the bills be sent? _____

To whom should mailings be sent? _____

Please share why you are choosing a Montessori experience for your child.

Please list other schools to which you have applied or plan to apply.

A non-refundable fee of \$100.00 must accompany this application form.

This fee will *not* be applied against tuition.

Signature of Parent or Guardian Date _____

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MSGH does not discriminate on the basis of race, color, religion, gender, national or ethnic origin, or disability with regard to admissions, or in the administration of its policies or programs.