



Wayne Montessori School
P.O. Box 10646
Goldsboro, NC 27532
www.wayne-montessori.org

SCHOOL APPLICATION

Applying for the 20____/20____ school year

Submit \$40.00 with the completed application

Child: _____
First Middle Last

Male____ Female____ Nickname: _____

Date of Birth: _____ Age: _____ Years _____ Months

Place of Birth: _____

Previous School Experiences:

School Duration

School Duration

Family Information:

Mother: _____
Name

Street Address City, State and ZIP Email Address

Home Phone Work Phone Cell Phone

Occupation Business Address

Father: _____
Name

Street Address City, State and ZIP Email Address

Home Phone Work Phone Cell Phone

Occupation Business Address

Siblings: _____
Name *Age*

Name *Age*

Name *Age*

Please explain your interest in applying to Wayne Montessori School and what you hope your child will gain from a Montessori experience. Feel free to use the back or another sheet of paper if needed:

Date: _____

Signature of Parent: _____

Signature of Parent: _____