



Wilmington Montessori School  
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 Wilmington, DE 19810  
 TEL 302-475-0555  
 FAX 302-529-7004  
 Website: www.wmsde.org

**STUDENT ADMISSION APPLICATION**

PLEASE PRINT ALL INFORMATION

| STUDENT INFORMATION   |                                    |
|---|------------------------------------|
| TODAY'S DATE _____ DESIRED ENROLLMENT DATE _____                        |                                    |
| CHILD'S NAME _____  |                                    |
| ADDRESS _____   |                                    |
| STREET  | CITY                               |
| STATE   | ZIP-PLUS 4                         |
| BIRTHDATE _____ SEX _____ TELEPHONE _____                               |                                    |
| Parent/Guardian Information   | Parent/Guardian Information        |
| NAME  | NAME                               |
| ADDRESS   | ADDRESS                            |
|   |                                    |
| TELEPHONE   | TELEPHONE                          |
| HOME E-MAIL   | HOME E-MAIL                        |
| OCCUPATION  | OCCUPATION                         |
| BUSINESS NAME   | BUSINESS NAME                      |
| ADDRESS   | ADDRESS                            |
|   |                                    |
| TELEPHONE   | TELEPHONE                          |
| BUSINESS E-MAIL   | BUSINESS E-MAIL                    |
| _MARRIED_SINGLE_SEPARATED_DIVORCED                                      | _MARRIED_SINGLE_SEPARATED_DIVORCED |
| CHILD LIVES WITH: __MOTHER & FATHER __FATHER __MOTHER __OTHER (SPECIFY) |                                    |

SCHOOLS ATTENDED BY CHILD: (PLEASE LIST MOST RECENT SCHOOL FIRST)

|      |         |
|------|---------|
| NAME | ADDRESS |
|      |         |

|      |         |
|------|---------|
| NAME | ADDRESS |
|      |         |

PA. RESIDENTS: IN WHICH SCHOOL DISTRICT DO YOU RESIDE? \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

|      |     |     |        |
|------|-----|-----|--------|
| NAME | SEX | AGE | SCHOOL |
|      |     |     |        |

(X) PLEASE CHECK ALL PROGRAMS THAT APPLY TO YOUR CHILD

INFANT PROGRAM

CHILDREN AGES 6 MOS - 18 MOS  
9:00 - 3:15

5 FULL DAYS..... ( )

TODDLER / PRESCHOOL PROGRAMS

CHILDREN AGES 18 MOS - 5 YEARS  
HALF DAY: 9:00-12:00 FULL DAY: 9:00-3:15

5 FULL DAYS..... ( )

5 HALF DAYS..... ( )

3 FULL DAYS (TWT)..... ( )

3 HALF DAYS (TWT)..... ( )

BEFORE SCHOOL: 7:00 - 9:00 AM ..... ( )

AFTER SCHOOL: 3:15 - 6:00 PM ..... ( )

KINDERGARTEN / ELEMENTARY PROGRAMS

ELEMENTARY CLASSES  
8:30 - 3:00

KINDERGARTEN: (MUST BE 5 YEARS OLD BY AUGUST 31) ..... ( )

GRADE 1 ..... ( )

GRADE 2 ..... ( )

GRADE 3 ..... ( )

GRADE 4 ..... ( )

GRADE 5 ..... ( )

GRADE 6 ..... ( )

BEFORE SCHOOL: 7:00 - 8:30 AM ..... ( )

AFTER SCHOOL: 3:00 - 6:00 PM ..... ( )

SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_

AN APPLICATION FEE OF \$50.00 PAYABLE TO WMS, MUST ACCOMPANY THIS FORM. IT WILL BE RETURNED ONLY IF THE APPLICATION IS WITHDRAWN IN WRITING PRIOR TO THE SCHEDULED INTERVIEW DATE.