## Sturrock Montessori Academy Imagine. Explore. Create.

Student Social S First Middle Last Nickname  Birth date Female Male Age in S  Home Address  City State Zip				
Birth date Female Male Age in S  Home Address				
Home Address				
	N.			
City State Zip	DI.			
	Phone			
Children's Physician	Phone			
Physician's Address				
Child's general health (including allergies and medications)				
Schools Previously Attended:				
Name Address	Dates			
Name Address	Dates			
I authorize the release of any information from the above school to Sturrock Montese	sori Academy.			
Parent or Guardian Signature Dat	te			
School year: 2023-2024 2024-2025 2025-2026	2026-2027 2027-2028			
Grade:K3K4K51 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> _	4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>			
Father/Guardian	Phone			
Home Address (if different from student)	cell home			
City State Zip				
Occupation Employer				
Business Address	Phone			

Mother/Guardian	Phone				
			cell	home	
Home Address (if differen	from student)				
City	State	Zip	E-mail		
Occupation		Employer			
Business Address			Phone		
Person Responsible for Tu	ition Payments				
Address (if different from	above)				
			Phone		
Other children in family:	Name		Age		
	Name		Age		
	Name		Age		
not discriminate on the bas policies, admissions policies Sturrock Montessori Acade	is of race, color, creed, sees, and other school admir emy considers the records upon request. Records w	x, national and ethnic orignistered programs.  of all individual students ill be released to other scl	ne school. Sturrock Montessor gin in the administration of its to be confidential information thools or agencies upon signed	educational available to a	
refundable and is not appli	ed to tuition.		s application. The application o abide by the rules and regula		
Parent or Guardian Signatu	ire		Date		
	Date Received Fees Paid Date Paid Check No				