

# Augustus H. Shaw Montessori School

Augustus H. Shaw Montessori  
123 North 13<sup>th</sup> St. Phoenix, AZ 85034  
602-257-3914 Office  
602-257-2954 Fax



1st Class Education within Reach



## Signature School Program Application

Please complete all of the information and return the application. In the event a position becomes available the school will phone you.

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

Gender: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Attending? \_\_\_\_\_ Current District? \_\_\_\_\_

Does your child have previous Montessori experience? \_\_\_\_\_

Previous Montessori School: \_\_\_\_\_ Address: \_\_\_\_\_

Does this student have siblings? \_\_\_\_\_ Where do siblings attend school? \_\_\_\_\_

Has your child ever been screened for or received Special Services, including Speech/Language or does your child have an Individualized Education Program? \_\_\_\_\_

Does your child have any Medical Conditions? \_\_\_\_\_

If yes, please list the Medical Conditions: \_\_\_\_\_

### PARENT INFORMATION:

Parent/Guardian Name(s): \_\_\_\_\_  
*First Name* *Last Name*

Parent/Guardian Name(s): \_\_\_\_\_  
*First Name* *Last Name*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone 1 \_\_\_\_\_ Day Phone 1 \_\_\_\_\_

Email address: \_\_\_\_\_

Phoenix Elementary School District Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Location and Title \_\_\_\_\_

**I acknowledge and understand that submission of this application does not guarantee admission of enrollment. Admission is based on available spaces.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_