

The following student has applied for admission to New School Montessori, a Montessori, co-educational, nonsectarian, independent school for infant students through eighth grade. Please complete this form and return it at your earliest convenience.

Applicant's First Name Last

I hereby authorize the release of information requested by New School Montessori Admissions Office.

	Parent/Guardian Signature	Date
Information Requested		
The student's attendance at school has been: \Box Go Has the student received any special education serv		
If so, please		
explain	Has the stude	nt
been, at any time, a discipline problem? \Box Yes \Box N If so, please explain		
Please Enclose the Following:		
Current Year Report Cards		
 Final marking period Report Cards 	s for the last year.	
 Standardized Test Results 		
 Copy of most recent IEP and/or ps 	sychoeducational evaluations (if applicable)	
A request will be made for I	Health Records upon Enrollment	
Thank you for completing this form in a timely ma	nner. We welcome any other comments you ca	are to ma

nk you for completing this form in a timely manner. We welcome any other comments you care to make regarding this applicant as a person or student.

Sheila Harrison

Enrollment Director

New School Montessori, 935 Columbia Avenue, Lancaster, PA 17603 (717)397-7655 admissions@newschool.net & sharrison@newschoo.net