

SCHOOL INFORMATION: Please list all previous school and daycare experience including dates, school name, Administrator, address and telephone.

PERSONAL

Family Physician: _____

Address: _____

Phone: _____

Please answer yes or no:

Has the applicant ever received counseling for learning disorders?	YES	NO
Has the applicant ever received any-psychiatric counseling?	YES	NO
Is the applicant currently taking any prescribed medication?	YES	NO

Please enclose:

- 1. \$50.00 non-refundable application fee payable to HMMA.**
- 2. A brief history of applicant and a short paragraph stating your reasons for choosing the Montessori philosophy and HMMA as a school for your child.**
- 3. Any information concerning learning difficulties or details of physical, social or emotional difficulties that would enable the staff to understand your child's particular needs.**

*Admission will be dependent upon evaluation of student by Teacher and Directress.

Signature _____

Date _____

POLICY OF NON-DISCRIMINATION

The Montessori Academy at Southlake, D.B.A. Highland Meadow Montessori Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school administered programs.