



## Dearcroft Montessori School

1167 Lakeshore Road East

Oakville, Ontario L6J 1L3

Tel: 905-844-2114 Fax: 905-844-3529

Email: [info@dearcroft-montessori.com](mailto:info@dearcroft-montessori.com)

Web: [www.dearcroft-montessori.com](http://www.dearcroft-montessori.com)

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### ELEMENTARY APPLICATION

#### STUDENT INFORMATION

Student: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel. No. \_\_\_\_\_

Birth Date: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

#### PROGRAM (for Administration use only)

Junior Elementary Program    \_\_\_ Level One                    \_\_\_ Level Two                    \_\_\_ Level Three  
Senior Elementary Program    \_\_\_ Level Four                    \_\_\_ Level Five                    \_\_\_ Level Six

#### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Home Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

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

Bus Tel: \_\_\_\_\_ Bus Tel: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Name and Telephone (to call if parents cannot be reached, when child is ill and must be taken home): \_\_\_\_\_

Siblings (names and birth dates): \_\_\_\_\_

Transfers (Please provide the name of the Montessori School your child has attended, and the length of attendance): \_\_\_\_\_

Application for admission into the Elementary School program implies your three-year commitment to the duration of the program and your agreement to the terms stated in the schedule of fees.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\* In accordance with PIPEDA, your personal information will be used solely for communication purposes regarding Dearcroft Montessori School.



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Student Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

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

Tel No: \_\_\_\_\_

Medical History (please list any health issues/concerns and communicable diseases):

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Please list the persons permitted access to your child at school, other than parents and/or guardians on application form. Persons you designate with permission to be released to their care from school:

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Please list special dietary restrictions/requirements in respect of diet, rest or physical activity:

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Please give written instructions for any medical treatment or drug or medication to be administered during school hours:

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