



Initial Contact Information

Initial Contact Date: _____
 Scheduled Tour Date: _____
 Date of Email: _____

Date of Visit: _____ Seeking Enrollment: _____ Grade: _____
School Year

Parent Name(s): _____

Child's Name: _____ Gender: _____ Birth date: _____ Age: _____
Print

Phone: _____ Email: _____

Address: _____
Street City State Zip

How did you learn about Turtle River Montessori: Referred by: _____

Website _____ Social Media _____ Drive By: _____ Other _____

Please write a general narrative of your child's strengths and weaknesses _____

Does your child have any of the following learning differences:
 Giftedness _____ 504 Plan _____ Individual Education Plan (IEP) _____ Psycho Educational Evaluation _____
 If so, please list which and a brief explanation:

Current School: _____ Start/End Dates _____
Name City State

Prior School: _____ Start/End Dates _____
Name City State

Sibling Names	Age	Gender	Schools Attending	Years Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Preprimary Schedule (18m-3yr): 3 Half Day _____ 3 Full Day _____ 5 Half Day _____ 5 Full Day _____

Primary Schedule (3yr-6yr): 3 Full Day _____ 5 Half Day _____ 5 Full Day _____

Elementary/Middle/High School Schedule: 5 Full Day _____

Morning Care _____ Extended Care _____ Sibling Care: _____

Met with: *Bubli / Lisa / Tracey / Alyssa*
Status: Application Provided
 Application Received
 Visit Day
 Waitlist
 Enrolled

Comments: _____

 Follow-up: _____