



Initial Contact Information

Elementary to Junior High Programs

Date of Visit: _____ Seeking Enrollment: _____
School Year

Child's Name: _____ Gender: _____ Birthdate: _____ Age: _____
Print

Parent Name(s): _____
Print

Phone: _____ Email: _____

Address: _____
Street City State Zip

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

TRM Website Social Media Drive By Other _____

Have you had a child previously come through our program? No Yes If yes, name: _____

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

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

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

Does your child receive any of the following? Occupational Therapy Speech Therapy Physical Therapy

Gifted Tested 504 Plan Individual Education Plan (IEP) Psycho Educational Evaluation

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

Program Options: Lower Elementary Upper Elementary Junior High Extended Care (8-8:30 & 2:30-5:45)

For Administrative Use Only:

Comments:

Status: Application Provided Waitlist Form Provided Visit Day Scheduled