



**PHILADELPHIA  
MONTESSORI**  
CHARTER SCHOOL

PLEASE MAIL TO:

**Philadelphia Montessori Charter School**

2227 Island Avenue  
Philadelphia, PA 19142  
(215) 265-4011 Fax: (215) 365-4367

**Application for Admission**

2005-06 School Year

Accepting applications for grades preschool – 4th

*You must submit a separate application for each child.*

**Student's Name:** \_\_\_\_\_  
*First Middle Last*

**Birthdate:** \_\_\_\_\_ **Current Grade for 2004-05 SY** \_\_\_\_\_  
*Month Day Year*

**Current School:** \_\_\_\_\_

**What age level/grade are you applying for?** 3 yrs/PK 4 yrs/PK 5 yrs/K 6 yrs/1<sup>st</sup> 7 yrs/2<sup>nd</sup> 8 yrs/3<sup>rd</sup> 9 yrs/4<sup>th</sup>  
(As in public school, the cutoff for birthdays is September 1<sup>st</sup>) (circle one)

**Are you a resident of Philadelphia County?** Yes No (circle one)

If other county, please specify: \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City Zip Code*

**Telephone:** \_\_\_\_\_  
*Home Business*

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City Zip Code*

**Telephone:** \_\_\_\_\_  
*Home Business*

**Emergency Contact Information** (in the event we cannot contact parents/guardians at above numbers)

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

**Telephone:** \_\_\_\_\_  
*Home Business*

**Please list any siblings who currently attend the Philadelphia Montessori Charter School.**

**Name:** \_\_\_\_\_ **Current Class:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Current Class:** \_\_\_\_\_

All information on this application is treated as confidential. If needed, a lottery will be held, and notification will be mailed out immediately.

**Signed:** \_\_\_\_\_  
*Parent/Guardian*

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