

Student Application School Year 2010 - 2011

Vision Statement

We will nurture a love of learning in a small, family-like environment by providing an extraordinary Montessori public school experience for families living in Baltimore City.

Student Information (please print)

Last Name: _____ First Name: _____ Female () Male ()

Date of Birth ____/____/____ Age of student ON SEPT. 1, 2010 _____

Applying for Grade: *Circle one* Age 3 Age 4 Age 5 K 1 2 3 4 5 6

Sibling Information

Please enter first and last names of siblings* applying to Baltimore Montessori Public Charter School for the coming school year. Note: A separate application must be completed for each sibling.

Name: _____ Age on Sept. 1, 2010 _____

Name: _____ Age on Sept. 1, 2010 _____

Name: _____ Age on Sept. 1, 2010 _____

(* brothers or sisters who reside in the same household and share a common parent or are legally adopted)

Family Information (please print)

Parent/Guardian Names: _____

Relationship to Student _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Cell Phone/pager _____ Email address _____

Baltimore Montessori PCS is committed to diversity and equality. Accordingly, the school admits students and conducts all educational programs, activities and employment practices without regard to race, color, religion, gender, sexual orientation, marital status, ancestry, disabilities or any other legally protected classification.

Parent/Guardian Signature _____ Date: _____

Send completed application (must be received by Feb. 24th) to:
Baltimore Montessori Public Charter School 1600 Guilford Avenue Baltimore, MD 21202

Please list siblings currently attending Baltimore Montessori Public Charter School:
