

# Hermosa Montessori School

## Wait List

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

2016-2017 Grade Level \_\_\_\_\_ 2017-2018 Grade Level \_\_\_\_\_ Gender \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

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

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

For Preschool and Kindergarten *only*, please indicate preference: Morning:  8:30a.m. – 11:00a.m.

Full Day:  8:30a.m. – 3:00p.m.

Does your child have a sibling(s) enrolled at Hermosa? If yes, name/grade \_\_\_\_\_

Does your child have a sibling(s) on the wait list? If yes, name/grade \_\_\_\_\_

Referred by: \_\_\_\_\_

Current School: \_\_\_\_\_ Records attached (circle): K, 1, 2, 3, 4, 5, 6, 7, 8

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Your child's position on the wait list will be for a three-month period only. You must come into the school and sign this form every three months to stay on the waiting list. Unless you reapply every three months, your child's name will be removed from the waiting list.**

\_\_\_\_\_  
**Parent Signature** **Date**