

Hermosa Montessori School

Wait List

Child's Name: _____ Birthdate _____ Age _____

2024-2025 Grade Level _____ 2025-2026 Grade Level _____ Gender _____

Parent(s) Name: _____

Phone(s): _____

Email: _____

Address: _____

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

Full Day: 8:30a.m. – 2:45p.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