



Upward Bound Montessori School

Awakening the possibilities of your child's future

405 West Main Street | Round Rock, Texas 78664
Phone: 512.218-4644 | Fax: 512.218.4651 | Email: admin@ubmontessori.com

Application for Admission

Student's Name _____ Today's Date _____

Date of Birth _____ Gender _____

Program: [] 5 Half day (7:30a – 12:00p) [] 5 Full day (7:30a – 3:30p) [] 5 Extended day (7:30a – 5:30p)

Parent 1 (or Guardian's) Name _____

Address _____

Telephone _____ Cell Phone _____ Email _____

Company Name _____ Position _____

Business Address _____ Telephone _____

Parent 2 (or Guardian's) Name _____

Address _____

Telephone _____ Cell Phone _____ Email _____

Company Name _____ Position _____

Business Address _____ Telephone _____

Why do you wish to send your child to Upward Bound Montessori School? _____

Do you know other children who have attended this school? _____

Position of child in family _____ Names and ages of Siblings (if applicable) _____

If your child has any list of allergies and/or sensitivities, please list _____

Is your child potty-trained? ____yes ____ no ____ partially

If the child or family has experienced any special challenges or circumstances that may affect the child's school experience, please describe them or request a conference with the school's director to discuss. _____

RECORD OF PREVIOUS SCHOOLING

Age	Year Attended	School and City	Level

This document constitutes an application for pre-admission. This document in no way binds or obligates Upward Bound Montessori School to accept the student for whom the pre-admission is made. The selection of applicants (and continuation of any student) shall be the sole and absolute discretion of Upward Bound Montessori School. Admission to the school and placement of the students, will be made through careful consideration of the needs of the individual child and the composition of the class.

Parent's Signature _____