



REGISTRATION FORM 2024-2025

Today's Date: ___/___/___

STUDENT INFORMATION

Student's Legal Name _____ Nickname _____

Date of Birth _____ Grade entering in Fall of 2024 _____ Sex/Gender: M F

Name of current school (if applicable) _____

SIBLING INFORMATION [Name(s) and grade(s) of any sibling(s)]

SUPPLEMENTAL INFORMATION

Note: The following questions have no bearing on enrollment.

Has your child had experience in a Montessori classroom before? _____ If so, what age(s)? _____

Student's Ethnicity _____ Hispanic/Latino: Yes No Prefer not to answer

Is your child currently on an Individualized Education Plan (IEP) or 504 Plan or does your child have any special needs? Yes No

If so, please describe _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Phone # _____ Phone # _____

Email Address _____ Email Address _____

Street Address Parent #1 _____

Street Address Parent #2 (if different) _____

We encourage parents of all applicants to attend a parent education meeting or observe a classroom at the school to determine if Montessori is the right fit for your child.

I certify that the information provided above is true and correct to the best of my knowledge

Parent/Guardian Signature

Parent/Guardian Signature

Return to: Laramie Montessori School, 608 S. 4th St., Laramie, WY
82070, fax: 307-201-6965 phone: 307-742-9964 or email:
cclar@acsd1.org