

Silver Spur Montessori Registration

656 Bart Earle Way, Rolling Hills Estates, 90274
(310) 377-1766



Child's Full Name _____
Last *First* *Middle*

Full Home Address _____

Home Phone _____

Contact E-mail _____

Birthdate (mm/dd/yyyy) _____ Age at time of desired admission _____

Gender Boy Girl

Child's previous school _____

Dates Attended _____

Father (Guardian's) Name _____
Last *First* *Middle*

Father's work phone _____ Father's cell phone _____

Father's Profession _____

Name of company _____

Mother's Name _____
Last *First* *Middle*

Mother's work phone _____ Mother's cell phone _____

Mother's Profession _____

Name of company _____

Signature of Parent (or guardian)

Date of application