

NEW WORLD MONTESSORI SCHOOL

Application for Admission
3510 N. Yarbrough - El Paso, Texas 79925 - (915) 593-8091 - n.montessori@sbcglobal.net

Child's Full Name		Gender			
Date of Birth		Academic	Term		
Father/Guardian's Fu	II Name				
Address					
	eet) Cell Phone _	(city)	(state) Email address	\	
Place of Employment _			Telephone		
Business Address	(-11)	()	(1111)		
Mother/Guardian's Fu	(street) III Name	(city)	(state)	(zip)	
Address					
	(street)	(city)	(state) Email address		
Place of Employment _			Telephone		
Business Address					
Child lives with	(street) both parents,	,	y) (state) father,		
Other Children in the					
	_			_	
Name	Age _	Name _		Age	
Previous Schools Att	ended by Applican		Date	s	
	Location				
A one time, non-refundable \$4 refundable registration fee of \$			ee does not apply towards tuitio	n. A non-	
New World Montess origin in the administration of			sis of race, color, religion, nation	onality and ethnic	
I hereby apply for the adr Montessori School and	mission of agree to follow the rul	es and policies t	to New \	World	
			Date		



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PARENT QUESTIONNAIRE

1.	Why are you interested in sending your child to New World Montessori School?
2.	What are your educational goals?
3.	How do you see New World Montessori School helping you in meeting these goals?
 4.	What are your child's strengths?
5.	Please list any special academic, emotional or physical needs of your child.
6.	Does your child have any allergies or sensitivities in any area?