



# Montessori School of Waukesha

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Student Grade for 21/22 School Year: \_\_\_\_\_

School that my child is currently attending: \_\_\_\_\_

How did you hear about Montessori School of Waukesha? \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Are you interested in learning more about the Special Needs Scholarship Program? This is a program for 4k - (currently) 6th grade students who have an active IEP and (typically) live outside of the School District of Waukesha. Essentially, the Scholarship covers MSOW tuition and a variety of services. \_\_\_\_\_ YES \_\_\_\_\_ NO