



# Geist Montessori Academy Application

## 2020-2021 School Year

North Campus: 13942 E. 96th Street, Suite 120, McCordsville, IN 46055  
South Campus: 6633 W 900 N, McCordsville, IN 46055  
317.335.1158

### STUDENT INFORMATION

Full Name: \_\_\_\_\_  
Last First Middle  
Home Phone: \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_ Grade in 2020-21: \_\_\_\_\_ Male  Female   
Ethnicity\* :American Indian  Black  Asian  Hispanic (any race)  White  Multi-Racial  Hawaiian or Pacific Islander   
Date of Birth\*\* : \_\_\_\_\_ Address: \_\_\_\_\_ IN \_\_\_\_\_  
City Zip  
County of Residence: \_\_\_\_\_ Home School District: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_  
Does your child have, or have they ever had, an Individualized Education Plan (IEP)?  Yes  No  
Please describe any special services or support your child has received in school \_\_\_\_\_  
\_\_\_\_\_

\* Indiana Department of Education requests this information

**\*\*A copy of birth certificate and proof of residency must be attached to this application.**

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Address: Same  \_\_\_\_\_ Address: Same  \_\_\_\_\_  
City State Zip City State Zip  
Phone: Cell: \_\_\_\_\_ Phone: Cell: \_\_\_\_\_  
Home : Same as Cell  \_\_\_\_\_ Home: Same as Cell  \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**How did your family learn about Geist Montessori Academy?** (check all that apply):  GMA family  saw school when driving by  
 TV  radio  saw a sign about enrollment  we saw a flyer for the school at: \_\_\_\_\_  
Browsing the internet:  for Montessori schools  for schools in this area  Education.com  LinkedIn  
 Other site: \_\_\_\_\_  healthcare professional or agency (name): \_\_\_\_\_

Does this applicant have a **sibling** also applying for enrollment or enrolled in Geist Montessori Academy? **If yes**, please list the **name(s)** and **grade level(s)** of siblings for the next (2020-2021) school year:

\_\_\_\_\_ applying  or currently enrolled   
\_\_\_\_\_ applying  or currently enrolled

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date and time received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_  
\_\_\_\_\_  Birth Cert  Residency Confirmed  Immunizations  
Number: \_\_\_\_\_  Wait List  Admitted  Accepted  Declined date: \_\_\_\_\_