



# Geist Montessori Academy Application

## 2018-2019 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 2017-18: \_\_\_\_\_ Grade in 2018-19: \_\_\_\_\_ 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

Phone: h: \_\_\_\_\_ City, State, Zip  
 Phone: h: \_\_\_\_\_

c: \_\_\_\_\_ c: \_\_\_\_\_

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 (2018-2019) 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: \_\_\_\_\_