



Geist Montessori Academy Application

2019-2020 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 2018-19: _____ Grade in 2019-20: _____ 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 (2019-2020) 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: _____