

**Montessori School International**

8222 Wurzbach Rd. San Antonio, Texas 78229  
Phone: (210) 614-1665 Fax: (210) 692-1992

**Orientation Request**

Dear Director:

Thank you for the information provided to me by your office. I understand the admission procedure and feel comfortable with the schedule. I am interested in admitting my child in your school. I understand that both parents must be present during orientation. I also understand that orientation is held on Tuesday, Thursday and Friday @ 8:45 A.M. The most convenient days for orientation for both of us is:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please let us know if there is a conflict with your schedule. We are open for another day that might be more convenient for you.

My name \_\_\_\_\_ TDL# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: ( )M ( )S ( )D

Spouse's Name: \_\_\_\_\_ TDL# \_\_\_\_\_

Occupation: \_\_\_\_\_

Child's Name: \_\_\_\_\_ ( )M ( )F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_

***Please submit the following to Montessori School International:***

- 1. Completed Orientation Form.***
- 2. Orientation Fee of \$25.00(non-refundable) to secure an appointment to observe the school.***

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Toilet Trained: ( ) Yes ( ) No

Siblings name: 1. \_\_\_\_\_ ( ) M ( ) F Age \_\_\_\_\_

2. \_\_\_\_\_ ( ) M ( ) F Age \_\_\_\_\_

3. \_\_\_\_\_ ( ) M ( ) F Age \_\_\_\_\_

Please indicate any special needs including: emotional, psychological or health concerns.

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How did you hear about our school? Yellow Pages ( ) Friend ( )

Advertisement in \_\_\_\_\_ Other \_\_\_\_\_

Important:

1. Call to confirm your orientation day.
2. Orientation/observation time is 8:45am Tuesday, Thursday and Friday.
3. Anyone late for the orientation appointment must reschedule for another day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(For official use only. Please do not write in this space)