



Date/Time Received: _____

Staff Initials: _____

Enrollment Application Form for 2018-19 School Year

Student Last Name: _____ First Name: _____ Middle: _____

Address: _____
Street City State Zip Code

Date of Birth: _____ What grade will your child be entering in 2018-19: _____

Current School Name: _____

Parent/ Guardian: _____

Phone number(s): _____
Cell Home E-mail

Parent/ Guardian: _____

Phone number(s): _____
Cell Home E-mail

Does this applicant have a sibling who is also applying to attend Tomah Area Montessori School? **Yes or No**
(Note: A separate application must be submitted for each student)

If yes, name(s) and current grade level: _____

Resident of Tomah Area School District? **Yes or No** If no, which school district? _____

If no, have you completed open enrollment paperwork? **Yes or No**

(For more information, visit the Wisconsin DPI website <http://dpi.wi.gov/open-enrollment>
(DPI deadline is 4/30/18)

Is your child currently expelled from a public school? **Yes or No** If yes, name of school: _____

Parent / Guardian Authorization: I request to have my child attend Tomah Area Montessori School.

Signature

Date

****Please return to: Tomah Area School District, 129 West Clifton Street, Tomah, WI 54660**

Phone Number: (608) 374-7009 Email: KelliJanusheske@tomah.k12.wi.us

Enrollment is **February 1 – March 16, 2018**. If more students apply during the enrollment period than space is available, a lottery will be conducted, and parents will be informed of admission status shortly after. Applications received after **March 16, 2018** will be accepted if space is available, or will be placed on a waiting list.