

Application for Elementary Registration and Admissions

How did you hear about The Glen? _____

If someone referred you, please tell us who: _____

Does your child have any academic, physical, or emotional needs which require accommodation? _____
If so, please explain _____

Has your child participated in an educational or psychological assessment? _____

If so, please indicate which assessments and provide the results _____

Do you have an IEP for this child? _____
If Yes, please supply the school with a copy of the IEP.

Does your child have any medical problems, now or in the past? _____

What circumstances prompt you to consider a school change for your child? _____

How do you think your child's needs will be better met at The Glen Montessori School? _____

Do you plan to apply for financial aid? _____ If so, please request a financial aid form.

What form of discipline is used with this child? _____

Please relate six (6) adjectives to describe this child: _____

Siblings: _____

_____	_____
(Names)	(Birth Dates)

A fifty dollar (\$50) non-refundable processing fee is required for each application.

(Parent or Legal Guardian)

(Date)

Admissions, the provision of services and referrals of students shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Please Complete Both Sides.

The Glen Montessori School
500 Huntington Avenue * Pittsburgh, PA 15202
Phone: 412-766-3815 * Fax: 412-766-3816

Application for Elementary Registration and Admission
Please complete both sides of the Application

Child's Name: _____ Sex: M F
(Last) (First) (Middle) (Circle)

Child's Address: _____
(Street, City, State, Zip)

Preferred Contact: _____
(Phone Number) (Mother/Father's)

Birth Information: _____
(Month/Day/Year) (City/State)

School District: _____

Previous School: _____
(Name/Location) (Dates Attended) (Montessori)

Father's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Email Address: _____

Occupation: _____ Employer: _____

Mother's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Email Address: _____

Occupation: _____ Employer: _____

Select the session you are interested in enrolling.

- Elementary (8:30 – 3:15 p.m.) All Day Elementary (7:30 – 5:30 p.m.)

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