

# Montessori Schools of Central Texas

## Primary & Elementary Enrollment Application SY 2026-2027

This information will be held confidential and only be released by signed consent of parent or guardian. Failure to provide complete and accurate medical or behavioral information for your child will be grounds for non-admission or dismissal from MSCT.

Date of Application: \_\_\_\_\_ Desired Start Date (month/year): \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

\_\_\_\_ **Primary Program (2.5 to 6 years of age)** – through Kindergarten  
*Class Hours: 8:00 a.m.-2:30 p.m. School opens at 6:30 a.m. and closes at 6 p.m.*

\_\_\_\_ **Elementary Program (6 to 12 years of age)**  
*Class Hours: 8:00 a.m.-3:30 p.m. School opens at 6:30 a.m. and closes at 6 p.m.*

Student's Name \_\_\_\_\_ [ ] Male [ ] Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_

### Primary Sponsor (Parent/Guardian)

Name & Title (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from child)

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_

### Secondary Sponsor (Parent/Guardian)

Name & Title (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from child)

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Child lives with: [ ] both parents [ ] mother [ ] father [ ] step-parent [ ] other \_\_\_\_\_

*Please fill out the reverse side to complete this application.*

Please answer the following medical and behavioral questions:

Has your child ever been dismissed, or withdrawn from a daycare center, private or public school for behavioral problems?  Yes  No If yes, describe the problem and the name of the center or school:

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Does your child still have this problem?  Yes  No

Does your child hit or have aggressive tendencies toward other children or teachers?  Yes  No

Reason for enrolling your child at the Montessori Schools of Central Texas: \_\_\_\_\_

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**Check all that apply:**

Allergies\* (please list): \_\_\_\_\_  
*\*Listed food allergies require a physician's diagnosis and treatment plan to be submitted with enrollment paperwork.*

Asthma  Autism  ADHD/ADD  Ear Infections  Other: \_\_\_\_\_

Does your child have vision difficulties? \_\_\_\_\_ Does your child wear glasses or contacts? \_\_\_\_\_

Does your child have hearing difficulties? \_\_\_\_\_ Does your child wear a hearing aid? \_\_\_\_\_

Does your child have speech difficulties? \_\_\_\_\_ Does your child attend speech classes? If yes, when and where? \_\_\_\_\_

Has your child been referred for testing for any learning difficulties? \_\_\_\_\_

Has your child been diagnosed by a health professional for any learning difficulties?  Yes  No

Is your child presently under the care of a physician, psychologist, or therapist? \_\_\_\_\_ If so, why?

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Does your child take medication on a regular basis? \_\_\_\_\_ If so, list the medication, reason for treatment, and describe when your child takes it: \_\_\_\_\_

Does your child wear any special appliances or equipment which will be worn at school including dental appliances? \_\_\_\_\_

Are there any past or present family situations that could impact your child's attendance, behavior, or stress level?

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I understand that the enrollment of my child is contingent upon the completion of the Enrollment Contract that is valid from the start date through May 21, 2027 \_\_\_\_\_ (Initial)

I certify that the above information is complete and accurate to the best of my knowledge. If there are any changes during the school year, I understand that it is my responsibility to notify the school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_