



**Montessori Learning Center Application for 2020-21**  
**Due by January 31, 2020**  
Grades 4k, k, 1, 2, 3 & 4

- I am currently a student in the Northland Pines School District.
- I am currently a student in a district other than the Northland Pines School District.

(Please Print)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade level for 2020-21: \_\_\_\_\_

I have a sibling already enrolled in the Montessori Learning Center: \_\_\_\_\_

How did you hear about the Montessori Learning Center? \_\_\_\_\_

I would like to **apply** for my child to attend the Northland Pines School District's Montessori Learning Center for the 2020-21 school year. I understand the unique features of the school. I understand the Montessori Learning Center is a public tuition-free school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You may email this completed form to: [tduffek@npsd.k12.wi.us](mailto:tduffek@npsd.k12.wi.us)**

OR

Mail or return to:

**NPSD's Montessori Learning Center**  
**St. Germain Elementary School**  
**8234 Hwy 70 West | St. Germain, WI 54558**  
**Phone: 715-542-3632**

**For Office Use Only:**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_ Contacted: \_\_\_\_\_ Initial: \_\_\_\_\_

Open Enrollment Verified: \_\_\_\_\_ Initial: \_\_\_\_\_