

Montessori Learning Center Application for 2024-25 Due by February 23, 2024

Grades 4k, k, 1, 2, 3 & 4

		, , ,	,		
☐ I am currently a stude	nt in the Northl	and Pines School I	District.		
☐ I am currently a stude	nt in a district <u>o</u>	ther than the Nort	hland Pines School I	District.	
		(Please Print)			
Student Last Name:		Student First N	ame:		
Parent/Guardian Name(s):					
Student Birth Date:		Telepho	one:		
Address:		City:	State:	Zip:	
Parent/Guardian Email:					
Current School: Grade level for 2024-25:					
I have a sibling already enrolled in	n the Montessori Le	earning Center:			
How did you hear about the Mor		8			
I would like to apply for my chi year. I understand the unique fea					1-25 school
Parent/Guardian Signature:			Date:		
,	You may email th	nis completed form	co: tduffek@npsd.k12	<u>.wi.us</u>	
		OR			
	St	Mail or return D's Montessori Le t. Germain Elemen wy 70 West St. G Phone: 715-54	arning Center tary School ermain, WI 54558		
For Office Use Only: Date Received:	Time:	Initial:	Contacted:	Initial:	
Open Enrollment Verified:	II	nitial:			