



ENROLLMENT APPLICATION

MACOMB MONTESSORI ACADEMY

STUDENT INFORMATION

School year applying for: _____ Grade applying for: _____

Student: _____
(Last Name) (First Name) (M.I.)

Age: _____ Date of Birth: _____ Gender: Male Female

Do you have children who are currently students at MMA? Yes No

If answered yes, please list the name and grade of the student(s) for the upcoming school year:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

How did you hear about MMA?

- Billboard Flier/Door Hanger Facebook Internet Search Mail Piece School Website School Sign
- Ambassador _____ Newspaper/Magazine _____
- School Event/Camp _____ Community Event _____
- Family/Friend Referral Referral Name _____ Referral Student's Name _____
- Referral Phone Number _____ Other _____

PARENT/GUARDIAN #1

Relationship to Student: _____ Last Name: _____ First Name: _____

Address: _____
(Street Address) (City) (Zip Code)

Email Address: _____

Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN #2

Relationship to Student: _____ Last Name: _____ First Name: _____

Address: (if different from above) _____
(Street Address) (City) (Zip Code)

Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian's Signature: _____ **Date:** _____

NOTE:

Falsification of information contained in this application will immediately void such agreement and result in said child being dropped from MMA.