

Enrollment Application



Date/Time Received: _____

Staff Initials: _____

Student Information

NAME (Last, First, Middle)
ADDRESS (Street, City, State, Zip)
DATE OF BIRTH
SCHOOL CURRENTLY ATTENDING
GRADE CHILD WILL BE ENTERING

Does this applicant have a sibling currently attending TAMS?

Yes No *Name(s) and Grade Level(s):* _____

Resident of Tomah Area School District?

Yes No *Which School District?* _____

Is your child currently expelled from a public school?

Yes No *Which School?* _____

Families new to TAMS have the option of an assigned mentor family to contact when questions come up. Would you like this option?

Yes No

Parent / Guardian Information

NAME	PHONE NUMBER(S)
EMAIL	

Parent / Guardian Information

NAME	PHONE NUMBER(S)
EMAIL	

If more students apply during the enrollment period than space is available, a lottery will be conducted, and parents will be informed of admission status shortly after. Applications received after enrollment dates will be accepted if space is available or will be placed on a waiting list. **TAMS governance board requests each family contribute 15 hours of volunteer time to the school during the school calendar year.**

PARENT/GUARDIAN AUTHORIZATION: I request to have my child enrolled to Tomah Area Montessori School.

SIGNATURE

DATE



608-374-5406



1720 Academy Drive
Tomah, WI 54660



Tomah.education



PLEASE RETURN COMPLETED FORM TO TAMS OFFICE
Attn: TAMS Secretary

CONTACT DISTRICT REGISTRAR WITH ENROLLMENT QUESTIONS
608-374-7009