

**2016-17 Admission Form**

Student Last Name: First Name: Middle:

Date of Birth: 2015-16 Grade Level:

Address:

Street City State Zip Code

Parent/ Guardian :

Phone number(s):

Cell Home E-mail

Parent/ Guardian:

Phone number(s):

Cell Home E-mail

Current School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this student have a sibling who is also applying to attend Tomah Area Montessori School in the 2016-2017 school year?   
(A separate application must be submitted for each student) Yes / No

If yes, name(s):

Resident of Tomah Area School District? Yes / No If no, which school district?

If no, have you completed open enrollment paperwork? Yes No

(For more information, visit the Wisconsin DPI website http://oe.dpi.wi.gov/)

Is your child currently expelled from a public school? Yes / No If yes, name of school:

Parent / Guardian Authorization: I request to have my child attend Tomah Area Montessori School.

Signature Date

**\*\*Please return to: Tomah Area School District, 129 West Clifton Street, Tomah, WI 54660**

Fax: (608) 372-5087 Email: [shayjilek@tomah.k12.wi.us](mailto:shayjilek@tomah.k12.wi.us)

*Enrollment is February 2- 29, 2016. 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 February 29, 2016 will be accepted if space is available, or will be placed on a waiting list.*