



Return to:

Jodie Whitman or Dionne Kizziar, Director
5130 E.101st Street Tulsa OK 74137
(918) 296-9936

STUDENT INFORMATION:

Name: _____
Date of Birth: _____ Date of Application: _____
Requested Enrollment Date: _____ Pick-up time: 12 pm 3 pm 4 pm
Age (at time of enrollment): _____ years _____ months Gender: Male Female
Home Address: _____ City, State, Zip: _____
Home Phone: _____ Primary Language (spoken at home) _____

PARENT/GUARDIAN INFORMATION:

Mother / Guardian 1 Name: _____
Address (if different from student): _____
Occupation: _____ Business Address: _____
Phone- Work: _____ Cell: _____ Home: _____
E-Mail- Home: _____ Work: _____

Father / Guardian 2 Name: _____
Address (if different from student): _____
Occupation: _____ Business Address: _____
Phone- Work: _____ Cell: _____ Home: _____
E-Mail- Home: _____ Work: _____

PREVIOUS SCHOOL ATTENDED:

School: _____ City/State: _____
From: _____ To: _____

SCHOOLS ATTENDED BY SIBLINGS:

Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____

How did you hear about Lake Hills Montessori? _____

Signature: _____ Relationship: _____ Date: _____