

**Lake Hills Montessori – Application Form**

Return to: Sandra Karnstadt, Director  
3930 FM 620 South, Austin, TX 78738  
(512) 263-5585 Fax: (512) 263-9948

**Student Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Requested Enrollment Date: \_\_\_\_\_ Pick-up time: 12 pm  3 pm  6 pm

Age (at time of enrollment): \_\_\_\_\_ yrs \_\_\_\_\_ mos Gender: Male  Female

Home Address: \_\_\_\_\_, City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Language (spoken at home) \_\_\_\_\_

**Parent/Guardian Information:**

*Mother/Guardian 1 Name:* \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Preferred Phone for LHM Communication: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Father/Guardian 2 Name:* \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Preferred Phone for LHM Communication: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Previous School:** last school attended by Student

School \_\_\_\_\_ City/State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Sibling's Schools:** names, ages, and schools attended by Siblings

Name Age School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about Lake Hills Montessori?** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

