

**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

| <u>Name</u> | <u>Age</u> | <u>School</u> |
|-------------|------------|---------------|
| _____       | _____      | _____         |
| _____       | _____      | _____         |
| _____       | _____      | _____         |

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

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

