

**Lake Hills Montessori – Application Form**

Return to: Jodie Whitman or Dionne Kizziar, Director  
5130 E.101<sup>st</sup> 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\_\_ 5:30 pm\_\_  
Age (at time of enrollment): \_\_\_\_\_ yrs \_\_\_\_\_ months Gender: Male\_\_ Female\_\_  
Home Address: \_\_\_\_\_ 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:** 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** \_\_\_\_\_