



Maria Montessori Academy

718 Palisade Avenue
Cliffside Park, NJ 07010
p. 201.941.6565
e. learn@mariamontessoriacademy.com

APPLICATION FOR ADMISSION

Application for admission to grade _____ Academic Year _____

Student:

Last Name First Middle Preferred

Street Address City State Zip Code

Date of Birth (K applicants must be 5 years old by August 31st.)

Current School Current Grade School Phone

School Street Address City State Zip Code

Please list active hobbies:

Primary Language(s) Spoken by Student At Home

Parents are: ___ Married ___ Domestic Partner ___ Separated
 ___ Divorced ___ Widowed ___ Never Married