



Maria Montessori Academy

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

PARENT QUESTIONNAIRE

Are the applicant's parents/guardians divorced/separated or otherwise living separately? YES NO

Will the applicant be residing with someone other than the parents?
 YES NO

If "Yes" please list the name(s) of the person the applicant will be living with and any important notes: _____

HOUSEHOLD 1 (Primary residence of applicant):

Street Address City State Zip

Preferred Telephone _____ Preferred Email* _____

*All admissions communication will be sent to this email address

Are the adults in this household married? YES NO

Is the guardian(s) at the primary residence financially responsible for the applicant? YES NO

Should the guardian(s) at the primary residence receive correspondence? YES NO

Parent/Guardian 1 at Primary Residence:

Name: _____
Title First Middle Last Suffix

Preferred Name: _____

Relationship to Applicant: _____ Custodial Parent: YES NO

Employer: _____ Title: _____

Business Address:

Street Address City State Zip

Business Phone: _____ Cell Phone: _____

Email: _____

Education, Degree, Graduation Year: _____

Parent/Guardian 2 at Primary Residence (if applicable):

Name: _____
Title First Middle Last Suffix

Preferred Name: _____

Relationship to Applicant: _____ Custodial Parent: YES NO

Employer: _____ Title: _____

Business Address:

Street Address City State Zip

Business Phone: _____ Cell Phone: _____

Email: _____

Education, Degree, Graduation Year: _____



HOUSEHOLD 2 (Complete section only if parents are living separately):

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Preferred Telephone _____ Preferred Email* _____

*All admissions communication will be sent to this email address

Does the applicant reside here at least part of the time? YES NO

Is the guardian(s) at the secondary residence financially responsible for the applicant? YES NO

Should the guardian(s) at the secondary residence receive correspondence? YES NO

Parent/Guardian 1 at Secondary Residence:

Name: _____

| | | | | |
|-------|-------|--------|------|--------|
| Title | First | Middle | Last | Suffix |
|-------|-------|--------|------|--------|

Preferred Name: _____

Relationship to Applicant: _____ Custodial Parent: YES NO

Employer: _____ Title: _____

Business Address:

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Business Phone: _____ Cell Phone: _____

Email: _____

Education, Degree, Graduation Year: _____

Parent/Guardian 2 at at Secondary Residence (if applicable):

Name: _____

| | | | | |
|-------|-------|--------|------|--------|
| Title | First | Middle | Last | Suffix |
|-------|-------|--------|------|--------|



Preferred Name: _____

Relationship to Applicant: _____ Custodial Parent: YES NO

Employer: _____ Title: _____

Business Address:

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

Business Phone: _____ Cell Phone: _____

Email: _____

Education, Degree, Graduation Year: _____

BILLING ADDRESS:

If the address to which bills should be sent is not listed in the household sections, please specify the address and addressee below:

| Title | First | Middle | Last | Suffix |
|-------|-------|--------|------|--------|
|-------|-------|--------|------|--------|

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

Home Phone: _____ Work/Cell Phone: _____

Email: _____

RELATIVES/FRIENDS WHO ARE CURRENTLY ATTENDING THE SCHOOL OR WHO HAVE PREVIOUSLY ATTENDED:

| First Name | Last Name | Relationship to Applicant | Class |
|------------|-----------|---------------------------|-------|
|------------|-----------|---------------------------|-------|

| First Name | Last Name | Relationship to Applicant | Class |
|------------|-----------|---------------------------|-------|
|------------|-----------|---------------------------|-------|



| First Name | Last Name | Relationship to Applicant | Class |
|------------|-----------|---------------------------|-------|
|------------|-----------|---------------------------|-------|

SIBLING INFORMATION:

| First Name | Last Name | Relationship to Applicant | Class |
|------------|-----------|---------------------------|-------|
|------------|-----------|---------------------------|-------|

| First Name | Last Name | Relationship to Applicant | Class |
|------------|-----------|---------------------------|-------|
|------------|-----------|---------------------------|-------|

| First Name | Last Name | Relationship to Applicant | Class |
|------------|-----------|---------------------------|-------|
|------------|-----------|---------------------------|-------|

PARENT STATEMENT:

How did you hear about our school?

We invite you to share your thoughts about your son or daughter. This might include favorite activities, current interests, hobbies or unique talents and abilities.



Please discuss any traditions and values that are dear to your family. Feel free to include any community service and travel experiences.

Please share with us your thoughts and expectations for your child, including one thing you would like your child to gain.

Please specify any health, academic, social or emotional issues your child has had and what steps were taken to address the situation.

