The Montessori School
MSc
of Camden

LOTTERY APPLICATION

STUDENT INFORMATION

Student's Name (last, first) _____ Date of Birth _____ Male   Female

Current School _____ Grade for 22-23 SY _____

Infant, Toddler, Primary 3k & 4k Options: Full Day ___   Half Day ___ (see website for instructional fee structure)

Does your child have a SIBLING currently enrolled at MSC? **YES   NO**
If yes, siblings name _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name(s) _____

Street Address _____ County _____

City _____ Zip Code _____

Daytime Phone Number _____ Cell _____

Email Address _____

BEST METHOD OF CONTACT: US MAIL OR EMAIL

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Print Name _____ Print Name _____

Date _____ Date _____

OFFICE USE

Received: Date _____ Time _____ Initials _____ Result _____ Reply _____