

Administrative Office
3580 Old Alabama Road,
Johns Creek, GA 30022

Maylan International Academy Application Form

CHILD'S INFORMATION

Name: _____ Birth Date: _____ Sex: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Place of Birth: _____ Citizen of: _____ Current Age: _____
 Name of last school attended: _____ Dates attended: _____ to _____

PARENT 1 INFORMATION

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
 Cell Ph.: () _____ Home Address: _____
 Employer: _____ Years there: _____ Bus.Address: _____
 E-mail Address: _____

PARENT 2 INFORMATION

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
 Cell Ph.: () _____ Home Address: _____
 Employer: _____ Years there: _____ Bus.Address: _____
 E-mail Address: _____

DESIRED PROGRAM				WHAT DATE WOULD YOU LIKE TO START? _____					
Infant				<input type="checkbox"/>	All Day (7:30am – 6:00pm)				
Toddler	<input type="checkbox"/>	Half Day (8:00am-12:30pm)	<input type="checkbox"/>	School Day (7:30am-3:00pm)	<input type="checkbox"/>	All Day (7:30am – 6:00pm)			
Preprimary	<input type="checkbox"/>	Half Day (8:00am-12:30pm)	<input type="checkbox"/>	School Day (7:30am-3:00pm)	<input type="checkbox"/>	All Day (7:30am – 6:00pm)			
Primary				<input type="checkbox"/>	School Day (7:30am-3:00pm)	<input type="checkbox"/>	All Day (7:30am – 6:00pm)		
HEALTH INFORMATION									
Does your child have allergies, or other health, physical, emotional, educational needs?				<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
If "Yes" please describe briefly and list any medications taken:									
HOW DID YOU INITIALLY HEAR OF US (please check one)?									
Referral	<input type="checkbox"/>	Internet Search	<input type="checkbox"/>	Received Mailer	<input type="checkbox"/>	Drove By	<input type="checkbox"/>	Newspaper or Magazine ad	<input type="checkbox"/>
ELEMENTARY SCHOOL PREFERENCE									
When you think about your future plans, do you foresee enrolling your child in public or private school?				Private	<input type="checkbox"/>	Public	<input type="checkbox"/>		

APPLICATION PROCESS

If applying for a NEW student, please submit payment of the \$100 application fee along with this form. Upon receipt of your completed application, we will schedule an interview for your child with one of our teachers. The interview familiarizes the child with the school and establishes a mutual understanding of Montessori education between the family and school.

FOR OFFICE USE ONLY

Date Received: ___/___/___

Student Visit: ___/___/___

School Tour Date: ___/___/___

Application Fee Received: ___/___/___

Family Meeting: ___/___/___

School Start Date: ___/___/___