

# PROSPECTIVE STUDENT INQUIRY FORM

Toddler     Early Childhood     Lower Elementary     Upper Elementary

Date:

Custodial Parent(s) with whom child lives:

Father Title:  Father First Name:  Father Last Name:

Mother Title:  Mother First Name:  Mother Last Name:

Other Title:  Other First Name:  Other Last Name:

Street Address/PO:  City:  State:  Zip Code:

Home Phone:  Cell Phone:  Email:

How did you hear about TMA?  Other:

Recommended by:

Child 1:

First Name:  Last Name:  Birth M/D/Y:  Gender:

Child 2:

First Name:  Last Name:  Birth M/D/Y:  Gender:

Child 3:

First Name:  Last Name:  Birth M/D/Y:  Gender:

Current School and Grade Level:

**Section below will be completed by TMA. Please leave blank. Click on SUBMIT button below.**

Information packet mailed (date):

Tour Scheduled:

Tour date:  Tour time:  Tour with whom:

Tour follow up:

Comments:

Please type the required information, then print the completed form and mail to The Montessori Academy at Edison Lakes, 530 East Day Road, Mishawaka, IN 46545, or fax to 574.256.5493. Your request will be processed upon receipt. For more information, please call 574.256.5313. Or you may submit this form by clicking on the button below.