

MONTESSORI SCHOOL OF CORPUS CHRISTI  
901 BRAUNER PKWY, CORPUS CHRISTI, TX 78411  
361-883-9306

APPLICATION FEE

PAID \_\_\_\_\_

### WAITLIST FORM

TODAYS DATE: \_\_\_\_\_

CIRCLE CLASSROOM REQUESTED: INFANT

TODDLER

PRIMARY

HOURS: \_\_\_\_\_

PLACEMENT NEEDED BY: \_\_\_\_\_ ARE DATES FLEXIBLE? \_\_\_\_\_

#### STUDENT INFORMATION

FIRST AND LAST NAME: \_\_\_\_\_

DATE OF BIRTH (ANTICIPATED DOB): \_\_\_\_\_ GENDER: \_\_\_\_ MALE \_\_\_\_ FEMALE

PARENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

#### PRIORITY STATUS (IF APPLICABLE)

PRIORITY #1 \_\_\_\_\_ SIBLING OF CURRENT STUDENT

Name of current student: \_\_\_\_\_

PRIORITY #2 \_\_\_\_\_ CHILD OF CURRENT STAFF MEMBER

Name of current staff member: \_\_\_\_\_

PRIORITY #3 \_\_\_\_\_ SIBLING OF FORMER STUDENT OR FORMER STUDENT

Name of siblings formerly at MSCC: \_\_\_\_\_

Dates sibling's prior attendance: \_\_\_\_\_

PRIORITY #4 \_\_\_\_\_ PRIOR MONTESSORI EXPERIENCE

Montessori previously attended: \_\_\_\_\_

Dates attended: \_\_\_\_\_

\*\* In order to achieve proper class balance, we will also consider the age and gender of the next child on the waitlist prior to offering any available spots \*\*