

# THE MONTESSORI SCHOOL OF HOLMES RUN

P.O. Box 130, Fairfax Station, VA 22039-0130  
FAX: 703-573-2807 e-mail: [mshr@vamontessori.com](mailto:mshr@vamontessori.com)

**Children's House**  
3335 Annandale Road  
Falls Church, VA 22042-3721  
703-573-7599

**Upper School**  
3527 Gallows Road  
Falls Church, VA 22042-3527  
703-573-7599

## APPLICATION FOR ENROLLMENT

Child's full name \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Mother's name \_\_\_\_\_ Phone (h) \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_  
(If different from applicant) Street City State Zip

Occupation \_\_\_\_\_ Phone (c) \_\_\_\_\_ (w) \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State Zip

Father's name \_\_\_\_\_ Phone (h) \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_  
(If different from applicant) Street City State Zip

Occupation \_\_\_\_\_ Phone (c) \_\_\_\_\_ (w) \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State Zip

Name and address of parent or guardian to whom school information should be sent (if different from applicant) \_\_\_\_\_  
\_\_\_\_\_

Your reasons for choosing our school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years your child will remain at the Children's House \_\_\_\_\_

Will your child attend the Elementary Program at MSHR? \_\_\_\_\_

Will you need before and after school care? \_\_\_\_\_

Will you need bus service? \_\_\_\_\_ am \_\_\_\_\_ pm

Child's name or nickname \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Previous schools attended, dates and teachers:

Preschool \_\_\_\_\_

From \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
To \_\_\_\_\_

Preschool \_\_\_\_\_

From \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
To \_\_\_\_\_

Kindergarten \_\_\_\_\_

From \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
To \_\_\_\_\_

Please describe your child's reaction to previous group experiences:

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How does your child relate to adults? Children? Strangers?

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Is your child shy, passive, or confident in new situations?

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Describe your child's temperament:

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Special talents and activities your child enjoys \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

**A Non-Refundable \$75.00 Application fee is due with the return of this form.  
Please make checks payable to MSHR-CH**