

PRE-REGISTRATION FORM NEW STUDENTS

2025-2026 Academic Year

Today's Date: ___/__/20____

Rising Star Montessori Academy **DEBORAH MONTGOMERY, DIRECTOR**440 Lanier Avenue East

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Full Legal Name of Child	First		Middle	Last	
	FIISC		Middle	LdSt	
Child's Date of Birth	/ Month Day	/ / Year	-		
Race/Ethnicity	☐ White ☐	Asian \square	Native Hawaiian or Ot	ther Pacific Islander	
	☐ Black or Africar	American \square	American Indian or Al	askan Native	
Parent/Guardian Name(s)	1				
			Work (<u>)</u>		
	2				
	Relationship to Child				
			Work ()		
Home Address					
	Street Address				
	City		State	Zip	
Email Address			@		
Best Method of Contact	☐ Phone Call	☐ Text Mess	age 🗆 Email		
Class Enrollment Age as of 9/1/2025	Toddler 18 mos3 years old	Primary 3-6 years old	☐ Jr. Elementary 6-9 years old	Sr. Elementary 9-12 years old	
	½ Day	□ ½ Day			
	11:45 AM Dismissal Time	11:45 AM Dismissal Time			
		☐ Full Day	Full Day	Full Day	
		2:30 PM Dismissal Time	3:00 PM Dismissal Time	2:45 PM Dismissal Time	

Enrichment? (Before/After School Care)	□ Yes	→ Drop off Time Pickup Time	☐ 7:30 AM (or) ☐ 8:30 AM 2:30 PM
Allergies / Medical /			
Religious Exemptions			
Other Important Info.			
How Did You Hear About Our School?		□ Website Student/Parent Refe	
ADMINISTRATIVE	USE ONLY		
Date Received	onth Day	<u>/ 20 </u>	nterview Date / / 20 Month Day Yea
Assessment Date	/ onth Day	/ 20 Date of A	Acceptance / / 20 Month Day Yea
Assessment Notes			
A a B b C c	D d E e	F f G g H h	Symbol \Box = Letter Name O = Soun I I J j K k L l M m V v W w X x Y y Z z
Recognition of Num	bers - 1 2	3 4 5 6	7 8 9 +
			Assessment Conducted By: