



192 Bunkhouse Dr.  
Tiger, GA 30576  
706-782-4400  
littlewayschool@gmail.com

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## APPLICATION FOR ADMISSION

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Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_\_\_ Gender \_\_\_\_\_

Requested Start Date \_\_\_\_\_

Home Address \_\_\_\_\_

### MOTHER

Name \_\_\_\_\_ Home # \_\_\_\_\_

Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

### FATHER

Name \_\_\_\_\_ Home # \_\_\_\_\_

Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Previous schools attended (if any) and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Siblings' Names & Ages: \_\_\_\_\_

\_\_\_\_\_

Is there a significant medical history about which we should be aware and/or have any diagnostic evaluations (educational and/or psychological) ever been completed on this child? Please give details.

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\_\_\_\_\_



What is your experience with Montessori education? \_\_\_\_\_

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How would you describe your child's personality and learning style? \_\_\_\_\_

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What do you see as your child's greatest strengths? \_\_\_\_\_

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In what areas would you like to see your child's potential more fully developed? \_\_\_\_\_

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Specify any special physical or emotional needs of your child. \_\_\_\_\_

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As a member of a parent cooperative school, what talents, interests, or resources can you share with the Little Way community?

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**Please return this application with a \$100 non-refundable application fee to:**

Little Way School  
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