

INQUIRY FORM FOR ELEMENTARY GRADE(S)

PLEASE CHECK OR FILL IN ALL APPLICABLE INFORMATION AND REQUESTS



LOWER ELEMENTARY MONTESSORI (Grades 1 to 3) [] OTHER GRADE(S) _____

Date of Inquiry _____

Name of Person Making Inquiry _____

Address _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

How did you discover LDVA? _____

Relation to Child(ren) _____

(1) Child's Surname _____ Given Name _____

Age _____ Birth Date _____ Male [] Female [] Present Grade _____

Is child attending a Montessori school? Yes [] Never [] In Past Years []

Requested Enrollment Date _____ Current School _____

(2) Child's Surname _____ Given Name _____

Age _____ Birth Date _____ Male [] Female [] Present Grade _____

Is child attending a Montessori school? Yes [] Never [] In Past Years []

Requested Enrollment Date _____ Current School _____

(3) Child's Surname _____ Given Name _____

Age _____ Birth Date _____ Male [] Female [] Present Grade _____

Is child attending a Montessori school? Yes [] Never [] In Past Years []

Requested Enrollment Date _____ Current School _____

Please mail me APPLICATION PACKAGE (S) []

Please call me to book an INTERVIEW/VISIT/TOUR []

Please call me to book an ASSESSMENT/ENTRANCE TEST []

E-mail Inquiry Form to admissions@ldva.on.ca