



## Monticello Preparatory School

24605 Valley St.— Newhall, CA 91321

Phone: (661) 260-1866

Website: [www.monticelloprepschool.com](http://www.monticelloprepschool.com)

### Application for Admission

#### Pupil Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Month/Day/Year)

Please list any extra curricular activities, boys or girls clubs, church youth groups, etc.

---

---

#### Mailing Address

Please indicate below the person or persons (parents, guardians) with whom the officials of the school should communicate in relation to this enrollment.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone(s): Home: \_( ) \_\_\_\_\_ Work: \_( ) \_\_\_\_\_

Cell: \_( ) \_\_\_\_\_ Other: \_( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### School Information

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_( ) \_\_\_\_\_ Fax Number: \_( ) \_\_\_\_\_

#### Additional School(s) Attended

School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_( ) \_\_\_\_\_ Fax Number: \_( ) \_\_\_\_\_



## Parents Comments

We welcome input from parents. Your comments on the following topics will help us gain a better understanding of how Monticello might play a role in guiding and educating your child. (Please print clearly)

1. What adjectives come to mind when you think of your child?

---

---

---

---

2. What are the important aspects of your child's life that you would like us to know about?

---

---

---

---

3. What things are important to your family? What do you like to do together?

---

---

---

---

4. What would you like us to know about your child that we may not have learned?

---

---

---

---

### Parents Comments (continued)

5. What are your reasons for desiring to send your child to Monticello Preparatory School?

---

---

---

6. If your student was previously enrolled at another school, what aspects of that school induced you to look for a different school for your student?

---

---

---

### Personal History

1. Does your child have any challenges that need attention in a classroom situation?

Circle any that apply:

Vision    Hearing    Speech    Emotional    Behavioral    Other

If yes, please explain diagnosis and current mode of care:

---

---

---

2. Does your child take any prescription medications that will need to be administered during the school day? \_\_\_\_\_

If yes, please explain:

---

---

---

