



Grade School Co-educational Montessori Preschool - Grade 8

Montessori: Five Day Four Day Three Day

Level: K 1 2 3 4 5 6 7 8

Male Female

High School All Girls' Grades 9 - 12

Level: Freshman Sophomore Junior Senior

PLEASE COMPLETE BOTH SIDES - THANK YOU!

Applicant's Full Legal Name: _____
Last First Middle

Preferred Name/ Nickname: _____

Present Grade: _____ Birth Date: _____ Social Security Number: _____

Ethnicity: African American Asian Bi-Racial Caucasian Hispanic Middle Eastern
 Native American Other _____

Applicant's Home Address:

Number and Street _____ Apartment # _____

City _____ State _____ Zip code _____

(Area Code) Home Phone _____

Parent/Guardian

Full Name: _____

Mr. Mrs. Ms. Dr. Other _____

Phone: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Occupation/Position: _____

Business/Employer: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Parent/Guardian

Full Name: _____

Mr. Mrs. Ms. Dr. Other _____

Phone: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Occupation/Position: _____

Business/Employer: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Lives with: Both Parents Mother Father Mother/Stepfather Father/Stepmother Other _____

Check if appropriate: Father deceased Parents separated Father remarried Joint custody

Mother deceased Parents divorced Mother remarried

To help Notre Dame de Sion School better meet the needs of each student, please answer the following:

Student's religious preference: _____

Continued on back...

Other children in family [please give names, ages, gender and schools]:

Name: _____ Age: _____ Gender: _____ School: _____ Grade: _____

Name: _____ Age: _____ Gender: _____ School: _____ Grade: _____

Name: _____ Age: _____ Gender: _____ School: _____ Grade: _____

Names of relatives who are or have been students at Notre Dame de Sion School of Kansas City:

Name: _____ Relationship: _____ Class: _____

Name: _____ Relationship: _____ Class: _____

Name: _____ Relationship: _____ Class: _____

What influenced you to investigate Notre Dame de Sion School as an educational option?

Current School: _____

Address: _____

Principal/Head of School: _____ Phone : _____

Place of Worship/Parish: _____

Person[s] to whom all financial correspondence and bills should be sent:

Name: _____

Mailing Address: _____

Admission to the school is contingent upon the following:

- A. Submission of this application with a NON-REFUNDABLE application fee. **Grade School Application Fee \$50**
- B. Satisfactory completion of entrance evaluations/assessments including a school visit.
- C. Review of the applicant's former school record.
- D. The applicant satisfactorily completing the school year now in progress.

The application fee is enclosed.

I do do not give permission for my child to be photographed, interviewed, and/or have his/her work published for advertising or marketing purposes.

I have provided accurate information.

Parents'/Guardians' Signatures:

_____ Date: _____

_____ Date: _____

Upon completion of this application, please return it to the appropriate admissions office:

Notre Dame de Sion Grade School Campus
Admissions Office
3823 Locust Street
Kansas City, MO 64109-2632
fax (816) 753-0806

ndsion.edu

Notre Dame de Sion High School Campus
Admissions Office
10631 Wornall Road
Kansas City, MO 64114-5096
fax (816) 942-4052

e-mail: siondifference@ndsion.edu

