

Mountain Road School
5 Abode Road New Lebanon, NY 12125
Tel: 518-794-8520 E-mail: info@mountainroadschool.org
www.mountainroadschool.org



K-6 APPLICATION FOR ADMISSION

Check one: Kindergarten _____ First Grade _____ Second Grade _____
Third Grade _____ Fourth Grade _____ Fifth Grade _____ Sixth Grade _____

Month and Year interested in starting _____ Date of Application _____

School District of Residence: _____

Current School: _____ Dates of Attendance: _____

School Address: _____

Child's Name _____

Birth date _____ Date of Adoption _____ Male _____ Female _____

Mother's Name _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Occupation _____ Employer _____ Work Phone _____

Father's Name _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Occupation _____ Employer _____ Work Phone _____

Name of person responsible for financing the child's education _____

Your name as you would like it to appear on mailings: _____

Grandparents:

Maternal Grandparents: _____ Paternal Grandparents: _____

Address: _____ Address: _____

Email: _____ Email: _____

How did you become interested in Mountain Road School?

What questions do you have about Mountain Road School?

To what other schools are you intending to apply?

Is there anyone you would like us to contact that might be interested in the school?

Please give us three personal references for your child. One should be from a prior school if applicable.

1. _____
2. _____
3. _____

Mandatory Immunization Form (signed by your physician or a signed waiver) is required before start of school.

Signed _____ Date _____

\$30 Application Fee due with application \$70 enrollment fee due upon acceptance