Student History

Does your child have any physical health concerns of which the school should be aware?\_\_\_No\_\_\_Yes

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any medical situation or physical limitation which would help us work more effectively with

your child in the classroom.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else you would like the school to be aware of concerning your child?\_\_\_No\_\_\_Yes

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IN COMPLIANCE WITH THE AMERICAN DISABILITIES ACT (ADA), OUR SCHOOL ACCEPTS CHILDREN WITH DISABILITIES WITHIN REASONABLE BOUNDARIES AS SET FORTH IN THE GUIDELINESS.**

Please submit this application to Mangrove Montessori along with the other forms included in the enrollment material. We look forward to having you and your child becoming a part of our Mangrove Montessori family.

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**Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT Parent/Guardian Name**

Mangrove Montessori

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