



# Wilmington Montessori School

## PENNSYLVANIA SCHOOL BUS RIDERS

**\*PLEASE COMPLETE THIS FORM AND FORWARD TO YOUR PENNSYLVANIA SCHOOL DISTRICT  
\*(EXCEPT UNIONVILLE-CHADDS FORD) BY JUNE 25, 2010**

**\* THE INFORMATION REQUESTED IS FOR STUDENTS ENTERING GRADES KINDERGARTEN THROUGH SIXTH GRADE.**

**NAME OF SCHOOL CHILD WILL BE ATTENDING:** WILMINGTON MONTESSORI SCHOOL  
1400 HARVEY ROAD  
WILMINGTON, DE 19810  
TELEPHONE # 302-475-0555

**STUDENT (S) NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
\_\_\_\_\_ **GRADE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PARENT/GUARDIAN NAME (WITH WHOM STUDENT RESIDES)** \_\_\_\_\_

**COMPLETE HOME ADDRESS (NO P.O. BOXES PLEASE)** \_\_\_\_\_  
\_\_\_\_\_

**TOWNSHIP:** \_\_\_\_\_

**HOME PHONE NUMBER** \_\_\_\_\_

**EMERGENCY PHONE NUMBER** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Please give your school district directions to your home. Include road name, the two nearest intersecting roads distances and landmark.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I AM A RESIDENT OF \_\_\_\_\_ SCHOOL DISTRICT AND REQUEST TRANSPORTATION TO THE ABOVE NAMED NON-PUBLIC SCHOOL.**

**PARENTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*A separate form must be obtained from the front desk receptionist at WMS.**