**Proof of Identity  
Verification Form**

Montessori School of East Orlando

2526 Percival Rd.

Orlando, FL 32826

(407)447-5860 (O)

(407)737-1087 (F)

www.mseastorlando.com

2022-2023 School Year

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| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | | Click here to enter text. | | | | |
| Age: | Click here to enter text. | | | | | |
| Date of Enrollment: | | | Click here to enter a date. | | | |
| Parent’s / Guardian’s Name: | | | | Click here to enter text. | | |
| **Document Presented** | | | | | |  |
| Certified copy of birth certificate | | | | | |  |
| Date of Birth | | | | | Click here to enter a date. | |
| Date certificate was issued | | | | | Click here to enter a date. | |
| Place of birth | | | | | Click here to enter text. | |
| Certificate number | | | | | Click here to enter text. | |
| Birth registration card | | | | | Click here to enter text. | |
| Notification of birth | | | | | Click here to enter text. | |
| Hospital | | | | | Click here to enter text. | |
| Physician | | | | | Click here to enter text. | |
| Midwife | | | | | Click here to enter text. | |
| Passport | | | | | Click here to enter text. | |
| Child Placement Agreement or Other Proof of Placement | | | | | | Click here to enter text. |

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