**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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