



MONTESSORI HOUSE

For Children

APPLICATION FOR ADMISSION

ALL BLANKS Must be Completed Prior to Submission

| | | | | | |
|---|----------------------------------|-------------------|--|----------------------------|-----------------------|
| Student's Name (First, Last) | | | | Application Date | |
| Female <input type="checkbox"/> | Male <input type="checkbox"/> | Birth Date: m/d/y | Current Age | | Admission Target Date |
| Referred by (list name): | | | | Family Cultural Origin: | |
| Home Address | | | City | State | Zip |
| Home Phone | | | | | |
| Select Program <input type="checkbox"/> Academic Day 8:30 – 2:30 <input type="checkbox"/> Full Day 6:30 – 6:00 | | | Community <input type="checkbox"/> Toddler <input type="checkbox"/> Early Childhood | | |
| Father/Guardian First Name | | Last Name | | Mother/Guardian First Name | |
| | | | | Last Name | |
| Home Address | | | Home Address | | |
| Cell Phone | | | Cell Phone | | |
| Work Phone | | | Work Phone | | |
| Email Address | | | Email Address | | |
| Employer | | | Employer | | |
| Occupation | | | Occupation | | |
| Child's Physician | | Address | | | Phone |
| | | | | | |
| With whom does your child live with primarily? (Please check all that apply): Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Sibling/age <input type="checkbox"/> _____ Sibling/age <input type="checkbox"/> _____ Sibling/age <input type="checkbox"/> _____ Other <input type="checkbox"/> : _____ | | | | | |
| Please describe your child's strengths. | | | | | |
| What are your expectations for your child's educational, emotional and social development? | | | | | |

| | |
|--|----------------------------------|
| If your child has special needs, please explain what accommodations are necessary to evaluate their application fairly. | |
| Has your child participated in developmental, behavioral or educational assessment/evaluation? a. If yes, has your child been diagnosed with a developmental, behavioral or educational learning difference? b. If yes, please explain so we can better understand your child's needs: | |
| Is your child independently toileting (EC applicants only)? Yes / No / Partially (circle one). If partial, please explain: | |
| How does your child handle frustration? | |
| Please explain your philosophy of discipline: | |
| A valuable aspect of Montessori is the mixed-age classroom (spans over 3 yrs.). The Early Childhood program continues through age 6 and includes the 'kindergarten year'. | |
| Are you interested in your child completing through the Early Childhood cycle? Yes / No / Unsure (circle one) | |
| Office Use: | |
| Date Application Received: | Notification of Acceptance Date: |

Admissions Procedures

Step 1 Application

- Submit completed application form & \$50 application fee (non-refundable)
- As soon as an opening is available, you will be contacted to schedule class visit/parent meeting.

Step 2 Acceptance & Admissions

- Notice of Acceptance
- Submit completed Admission Packet & Fees (non-refundable)

Step 3 Attendance

- Immunization and current medical records are required prior to the child's first day of attendance.
- All new students are accepted on a six-week trial basis.

The submittal of an application and fee places the student in the waiting pool and does not guarantee admission. The acceptance & placement of applicants is the decision of the School, made through a careful process which takes the individual child and the composition of the class into consideration. Priority is given to siblings and to students with prior Montessori experience. If an opening is declined, the student's application will be withdrawn.

Montessori House Schools do not discriminate on the basis of race, color, national origin or religion.

