



Application for Admission



Your Child...Their Path...Our Passion

Date _____

Name of Child _____
Last First Middle

Child's preferred name _____

Date of Birth _____ Male Female

Mailing Address _____

Home Phone _____

I authorize Follow the Child Montessori School to contact current and previous schools to obtain information to support my child's application. I will not seek access to confidential recommendations and/or evaluation materials provided by any source before or after admission.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

An application fee of \$75 should be included with this document. This application fee is nonrefundable.

Name of Parent/Guardian _____
Last First

Home Address: _____

Cell/Pager _____ Work Phone _____

E-mail address _____

Occupation _____ Employer _____

Relation to Student _____

Name of Parent/Guardian _____
Last First

Home Address: _____

Cell/Pager _____ Work Phone _____

E-mail address _____

Occupation _____ Employer _____

Relation to Student _____

Office Use: observation date: _____ application and fee received _____
date of director/parent meeting: _____ date of student/teacher interview _____

School Year Applied For: _____
Classroom Applied For:
<input type="checkbox"/> Toddler House 8:30-12:00 noon (18 mos.-3 years)
<input type="checkbox"/> Children's House 8:30-12:00 noon (3-4 years, toilet-trained)
<input type="checkbox"/> Children's House-Extended Day 8:30-3:00 p.m. (5 year olds)
<input type="checkbox"/> Lower Elementary (Grades 1-3) 8:30-3:30 p.m.
<input type="checkbox"/> Upper Elementary (Grades 4-6) 8:30-3:30 p.m.
<input type="checkbox"/> After School 12:00 noon-3:00 p.m.
<input type="checkbox"/> After School 3:00-5:30 p.m.

Applicant's Siblings

Name _____ Age _____ Gender _____ School _____

Name _____ Age _____ Gender _____ School _____

Name _____ Age _____ Gender _____ School _____

With which of the adults listed on the first page does the child live? (Please list all who apply): _____

If both parents work outside the home, who stays with your child and when? _____

Which languages other than English are spoken at home? _____

To what extent? _____

Please list any addresses (other than that of the custodial parent) to which school information/reports are to be mailed: _____

How did you hear about Follow the Child Montessori School? _____

To which other schools are you applying? _____

Most recent school attended _____ Phone _____

School's Address _____ Contact Name _____

Other Schools Attended	Dates Attended
_____	_____
_____	_____

Does your child separate easily from you? _____

How do you think your child will enter school? _____

What kinds of activities do you do with your child? _____

Describe your child's daily routine _____



What kinds of self-care activities (dressing, washing, etc.) is your child able to do by him/herself? In what ways does he/she contribute to the household? _____

How much peer/social interaction does your child have? _____

In what extracurricular activities is your child involved? How often? _____

How much screen time (television, computers, etc.) does your child have daily or weekly? _____

What approach to discipline do you use? _____

How does your child respond to simple two-part directions? _____

How much does your child speak at home? _____

To what degree is your child able to entertain himself or herself? _____

Where will your child go to school after Follow the Child? _____

Understanding an applicant's background helps us to make informed and appropriate decisions. Has the applicant ever been suspended, asked to withdraw, or expelled from a previous school? (If yes, please explain in an accompanying letter.) No Yes

If your child has special needs, please explain what accommodations could be provided by Follow the Child Montessori School to allow a fair evaluation for admission?



