

Application for Admission for School Year 20__ - 20__

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|---|--|---|--|
| <input type="checkbox"/> Infant (6 weeks – 12 mo.) | <input type="checkbox"/> Toddler II (24 Mos – 3 yrs) | <input type="checkbox"/> Children's House (3– 6 yrs.) | <input type="checkbox"/> Elementary (6 yrs. – 10 yrs.) |
| <input type="checkbox"/> Extended Day (7:30 – 5:30) | <input type="checkbox"/> Half Day (8:30 – 12:00) | <input type="checkbox"/> Half Day (8:30 – 12:00) | <input type="checkbox"/> Academic Day (8:30 – 3:30) |
| | <input type="checkbox"/> Academic Day (8:30 – 3:30) | <input type="checkbox"/> Academic Day (8:30 – 3:30) | <input type="checkbox"/> Before Care (7:00 – 8:30) |
| | <input type="checkbox"/> Extended Day (7:00 – 6:00) | <input type="checkbox"/> Before Care (7:00 – 8:30) | <input type="checkbox"/> After Care (3:45 – 6:00) |
| <input type="checkbox"/> Toddler I (12 mo. – 24 mo) | <input type="checkbox"/> Twelve Month | <input type="checkbox"/> After Care (3:45 – 6:00) | |
| <input type="checkbox"/> Extended Day (7:30 – 5:30) | <input type="checkbox"/> Ten Month | | |

Student Information:

Student's Full Name _____ Nickname (if any) _____

Home Address _____ Male/Female _____

City _____ State _____ Zip _____ Home Phone _____

Birth Date _____ Age in September _____ Level or Grade to Enter _____ Date to Start _____

Present School (if any) _____ Present Grade or Level _____ Number of Years There _____

Address of Present School _____ Name of Teacher _____ School Phone _____

Name of Previous Montessori School (if applicable) _____ Years Attended _____

Have you previously applied to Love of Learning Montessori School? Yes No If YES, give date: _____

Is another child in your family applying? Yes No If YES, give name: _____

Are there any siblings already enrolled at Love of Learning? Yes No

If yes, please list names and ages below:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Parent/Guardian Information:

Mother / Guardian Full Name _____ Home Phone _____

Home Address (if different from student) _____

Name of Employer _____ Position _____ Work Phone _____

Father / Guardian Full Name _____ Home Phone _____

Home Address (if different from student) _____

Name of Employer _____ Position _____ Work Phone _____

To whom should billing be sent if other than above?

Full Name _____ Home Phone _____

Home Address _____

The following information will enable us to know your child better. Please answer those questions that are relevant to the applicant.

Is there any significant medical history about which we should be aware and / or have any diagnostic evaluations (educational or psychological) been completed for this child? Please give details and have a copy of educational testing or evaluations sent to us.

What are your educational goals for this child? How do you see Love of Learning Montessori School facilitating these goals?

Has this child had any remedial work, special tutoring, or enrichment classes during the past two years? If so, in what academic area?

For Office use only:

Date Application Received: _____ Application Fee Received: _____ Date of Interview: _____ Date of Enrollment: _____

Accepted into: Infant Toddler I Toddler II Children's House Elementary