

## 2020-2021 Application for Enrollment

*A 150.00 annual non-refundable Application Fee must accompany this application*

Application for School Year \_\_\_\_\_ Students Name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Siblings (Name(s) Age(s): \_\_\_\_\_

Please mark which level your applying for:

Infants (6 wks- 24 month)  Primary (3 – 6yrs)

Toddler (18 month- 3 yrs)

Is your child currently attending school or day care? Yes/ No Name: \_\_\_\_\_

Parent: (print) \_\_\_\_\_

Parent: (print) \_\_\_\_\_

Phone(s): \_\_\_\_\_ Cell \_\_\_\_\_

Phone(s): \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Work Position: \_\_\_\_\_

Work Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Non-custodial Parent: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is an Enrollment Application only. Parents will be notified of acceptance.**

**FOR OFFICE USE ONLY: Date Application Received : \_\_\_\_\_ Action taken: \_\_\_\_\_**

**Amount Received: \_\_\_\_\_ Check# \_\_\_\_\_ Authorized Representative: \_\_\_\_\_**

**Signed \_\_\_\_\_**

Child's Name \_\_\_\_\_ School Year: \_\_\_\_\_

Why are you considering Montessori for your child? \_\_\_\_\_

\_\_\_\_\_

What is your experience with Montessori education? \_\_\_\_\_

\_\_\_\_\_

What educational goals do you have for your child? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's learning style? \_\_\_\_\_

\_\_\_\_\_

Specify any special educational , physical or emotional needs of your child? \_\_\_\_\_

\_\_\_\_\_

What do you see as your child's greatest strengths? \_\_\_\_\_

\_\_\_\_\_

In what areas would you like to see your child's potential more fully developed \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

\_\_\_\_\_

How does your family enjoy spending time together? \_\_\_\_\_

\_\_\_\_\_

Does your child nap regularly? Yes/No \_\_\_\_\_

Does your child dress her/himself? Yes/No \_\_\_\_\_

Is she/he toilet trained? Yes/No \_\_\_\_\_

What health concerns should we aware of (allergies)? \_\_\_\_\_

As part of the AVM family, what talents, interests and resources can you share to enhance our school community?

\_\_\_\_\_

\_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

