



The Montessori School of Florence Application for Admission

Office Use Only

Appl. Date _____
 Start _____ QB _____
 Age at Start _____
 Program _____
 Chk# _____ Amt _____

Please complete the application in its entirety and submit with a nonrefundable \$75 fee (cash/check only).

Student Information

Student's Name _____ Preferred Name _____ Gender _____
First Middle Last

Address _____
Street or Post Office Box City State Zip

Date of Birth _____ Preferred Start Date _____
Month Day Year Month Year

Is your child adopted? Yes / No If yes, Date of Adoption _____ From where: _____
(Circle One)

Is your child currently attending a school or day care program? Yes / No If yes, where? _____
(Circle One)

Family Information

Parent/Guardian 1: Mr / Mrs/ Ms / Dr / _____
(Circle One)

Parent/Guardian 2: Mr / Mrs/ Ms / Dr / _____
(Circle One)

Full Name _____ Full Name _____

Preferred First Name: _____ Preferred First Name: _____

Place of Employment _____ Place of Employment _____

Position _____ Position _____

Primary Language _____ Primary Language _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Place a star by the first phone number recommended to contact.

Marital Status: Married / Separated / Divorced / Other (specify): _____
(Circle One)

Child lives with: Both parents / Mother / Father / Other (specify): _____
(Circle One)

Language spoken at home: _____ Other language(s) you are teaching your child: _____

Does your child understand English? _____ Does your child speak English? _____

Siblings:

Name: _____ Gender _____ Age _____ School _____

Name: _____ Gender _____ Age _____ School _____

Name: _____ Gender _____ Age _____ School _____

Health History

Please describe your child's health _____

Does your child have allergies? Yes _____ No _____ Please name allergies _____

Has your child been seen by a medical professional for anything other than routine physicals? Yes _____ No _____

If yes, please describe _____

Is your child receiving, or has your child ever received, outside services (speech therapy, physical therapy, psychological testing, counseling, etc.)? Yes _____ No _____ If yes, please describe _____

(Please include a copy of report from the provider.)

Please list any medications your child takes on a daily basis: _____

General Information

If applicable, what is your current/former school(s)? _____

Why do you want to change schools? _____

How did you learn about Montessori education? _____

Why are you considering the Montessori method for your child's education? _____

How did you learn about our school? _____

Have any family members attended a Montessori school? Yes _____ No _____ If yes, where? _____

I understand that if the classroom directress finds that my child needs to be screened for additional services to improve his academic success, I am obligated to obtain these services or my child may be dismissed. _____
Initial

I have enclosed with this application a copy of any testing and/or former school records for my child and authorize the Montessori School of Florence to contact my child's current or previous school and obtain records. I acknowledge that all statements made are truthful and accurate and hereby apply for admission for _____ (*child's name*) to the Montessori School of Florence and agree to abide by all rules and regulations thereof.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Students are selected without regard to race or creed. All information is treated confidentially.