



Bridgeview Montessori School

"Montessori Roots ~ Independent Wings"

APPLICATION FOR NEW ELEMENTARY STUDENTS

Student's Name: _____ School Year applying for: _____

Date of Birth: _____ Circle Male or Female

Age on September 1st of school year applying for: ____ years ____ months Grade applying for: _____

Programs Offered:

Elementary II: 9 – 12 year olds: _____ Monday – Friday, 8:15 a.m. – 3:15 p.m.

Elementary I: 6 – 9 year olds: _____ Monday – Friday, 8:30 a.m. – 3:30 p.m.

Parent/Guardian Name

Parent/Guardian Name

Residential Address

Residential Address (if different from other parent)

Mailing Address (if different from residential)

Mailing Address (if different from residential)

City/Town Zip Code

City/Town Zip Code

Telephone Number

Telephone Number

E-mail

E-mail

Signature

Signature

Child lives with: _____ Date: _____

Other Children in the Family:

Name	Gender	Age	Name	Gender	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New Students: Application Fee: \$50. (*Non-Refundable*) – to be paid with Application Form.

Please attach additional page(s) if needed

What do you think a Montessori education will offer your child? _____

What are your educational goals for your child? _____

Please jot down a few words or phrases that you feel describe your child. _____

Has your child skipped or repeated a grade? If yes, please explain. _____

What other structured activities or previous group experience has your child been involved in (such as Playgroups, soccer, ballet, piano, etc.)? _____

Does your child have a diagnosed learning difference? If so, what is it? _____

Does your child currently have or ever had an IEP? _____

If needed, would you be willing to provide additional specialized educational support for your child? _____

If you are changing schools, what is the reason? _____

Are there any aspects of your child's physical, emotional or behavioral development which would be helpful for the school to know about? If yes, please explain. _____

How did you hear about our school? _____

Do you know any of the families currently or previously enrolled at Bridgeview Montessori School? _____

If yes, who? _____

Were you referred to us by a Bridgeview Montessori School Family? _____

If yes, by whom? _____

Print name of person filling out this side

Date