



Application for Admission

Student's Name: _____

Date of Birth: _____ **Gender:** M / F

Preferred Enrollment Date _____

Child's age as of August 1st _____

() Half Day Primary
7:45 AM – 11:30 AM M-F

() All Day Primary
7:45 AM – 3:00 PM M-F

() All Day Elementary
7:45 AM – 3:00 PM M-F

Parent or Guardian circle one: father mother stepmother stepfather grandparent other

Last name	First	Middle	Email
Address		Apt #	Home Phone
City	State	Zip	Work/Cell Phone
Employer		Occupation	

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Last name	First	Middle	Email
Address		Apt #	Home Phone
City	State	Zip	Work/Cell Phone
Employer		Occupation	

Siblings and Birthdates: _____

Office Use :

Date Received: _____ Check # _____ Amount _____

Interview _____ Contract _____

Please tell us a little about your child. You might include your observations on personality, activities your child enjoys, social tendencies, strength and challenge areas, or any other information that you think we should know.

Does your child have previous Montessori experience? Yes No Where?

Other School(s) / Experiences

Reason for Leaving

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

How did you hear about Ardor Montessori School?

Have you applied to any other schools/programs? Yes No Where? _____

Has the student ever participated in psychological or educational assessment or counseling? If your child has special needs, please explain here what accommodations could be provided by Ardor Montessori School to allow a fair evaluation for admission.

Please comment on why you are choosing a Montessori education. What are your hopes and expectations for your child’s education?

Non-Discrimination Policy

Ardor Montessori School admits children regardless of race, religion, color, nationality or ethnic origin. We do not discriminate on the basis of race, religion, color, nationality or ethnic origin in the administration of any of our policies, programs, or procedures.

Signature(s): _____ **Date:** _____

Signature(s): _____ **Date:** _____

Enrollment Procedure:

Once this completed application has been received in our office, we will hold it until an applicable opening occurs. Upon review of all completed documents, an interview may be scheduled for your child with one of our teachers.

If we feel that our environment will satisfy the needs of your child, a \$50 non-refundable registration fee will be due along with a signed enrollment contract. When the applicable tuition has been paid, your child will be enrolled on a trial basis. If necessary, a parent/teacher conference will be held during this trial period to review the child's progress and to determine how to best meet the needs of your child.