

# Prospective Student Application



School Term:            2016-17            2017-18            2018-19

(circle one)

Class Level:            Primary            Elementary            Adolescent

(circle one)

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

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Name of Parent: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Legal Guardian (if other than parents): \_\_\_\_\_

To whom should communications be sent? \_\_\_\_\_

Will you be applying for financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Siblings (Name/age) \_\_\_\_\_

Name of Present School: \_\_\_\_\_

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

Will your child be continuing through Elementary? \_\_\_\_\_ Adolescent? \_\_\_\_\_

What are your expectations for your child in our Montessori program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Staunton Montessori School? \_\_\_\_\_

**Enrollment Procedure:**

1. Submit an application and \$40 non-refundable application fee to Staunton Montessori School.
2. Your child will be placed in a wait pool for the year of eligible enrollment.
3. Once enrollment begins or a space is available, the Head of School will contact you.
4. Prospective students & parents meet with the Head of School and a Teacher for an interview.
5. Consideration is given based on the following order:
  - a. Sibling of current student
  - b. Prior Montessori experience
  - c. Balance of classroom based on age and gender
6. Upon acceptance and enrollment, a \$250 non-refundable deposit is due and applied to the tuition amount for the year of enrollment.

**I request that my child be placed in the application pool for the year specified above at Staunton Montessori School, and understand the above procedure for enrollment.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

*Staunton Montessori School has a non-discriminatory policy relative to race, color, and national origin with respect to admission of students and the employment of faculty and administrative staff. Staunton Montessori School considers the records of all individual students to be confidential information available to the child's parents or guardians upon request. Records will only be released to other schools or agencies upon receipt of a signed authorization form from a parent or guardian and only after all accounts are paid in full.*