



Staunton Montessori Adolescent Community Application

Applicant Name: _____

Applying for School Year: _____

General Information

Student Information:

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Gender: _____

Home Address: _____ City: _____ State: _____

Country: _____ Postal Code: _____ Telephone: _____ - _____ - _____

Country of Birth: _____ Citizenship: _____

Home Language: _____

Date of Birth: _____ Present Age: _____ Present Grade: _____

Grade Applying For: _____

Current School:

Name: _____

Address: _____ City: _____ State: _____

Country: _____ Postal Code: _____ Telephone: _____

Name of Principal or Director: _____

Montessori Experience:

School Name: _____ Grade(s): _____

School Name: _____ Grade(s): _____

Other Schools Attended in the Past Three Years:

School Name: _____ Grade(s): _____

School Name: _____ Grade(s): _____

School Name: _____ Grade(s): _____

Additional Information:

Has your students ever been tested either by a school they have attended, or by a private institution for any type of learning or behavior issues? Yes or No If yes, what year was the testing complete? _____

Does your child have a current IEP? Yes or No

Please provide copies of testing results.

Respecting the mind, imagination, and spirit of each student, Staunton Montessori School welcomes students of any religion, family structure, race, color, ethnicity, nationality, gender identity, gender expression, and sexual orientation. We believe that a diverse student body will promote an inclusive learning environment in alignment with the pillars of Montessori education.

Staunton Montessori Adolescent Community Application

Parent/Guardian Information

Legal Name: _____

Preferred Name: _____

Relationship to Student: _____

Address: _____

Primary Phone: ____ - ____ - _____

Circle One: Work Personal

Secondary Phone: ____ - ____ - _____

Circle One: Work Personal

Personal Email: _____

Check if you want school emails at this address

Occupation: _____

Workplace: _____

Business Address: _____

Marital Status: _____

Legal Guardians (if other than parents): _____

Legal Name: _____

Preferred Name: _____

Relationship to Student: _____

Address: _____

Primary Phone: ____ - ____ - _____

Circle One: Work Personal

Secondary Phone: ____ - ____ - _____

Circle One: Work Personal

Personal Email: _____

Check if you want school emails at this address

Occupation: _____

Workplace: _____

Business Address: _____

Who has legal custody? _____

Applicant Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Additional Information:

Will you be applying for financial assistance? Yes or No

Are you committed to completing the cycle of the Montessori Program? Yes or No

How long do you see your student staying at Staunton Montessori School? Why?

What are your expectations for your child in our Montessori Program?

How did you hear about Staunton Montessori School? _____

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Application Process:

1. Submit an complete application which includes:
 - a. General Information form (both sides completed)
 - b. The \$50.00 non-refundable application fee to Staunton Montessori School
 - c. Parent/Guardian Recommendations (if applicable, one for each parent)
 - d. The Student Essays
 - e. School Principal/Director and Teacher Recommendations
 - f. The School Records Release
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 the School will contact you.
4. Prospective students and parents meet with the Head of School and a teacher for an interview.
5. Consideration is given based on the following order
 - a. Siblings of current students
 - b. Prior Montessori experience
 - c. Balance of the classroom
6. Upon acceptance and enrollment, a \$250.00 nonrefundable deposit is due and applied to the tuition for the year of enrollment.

By signing below, 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 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 from a parent or guardian and only after all accounts are paid in full.

For Office Use:

Application Fee Paid: _____

School Tour: _____ Notes: _____

Class Observation: _____ Notes: _____

Student Interview: _____ Notes: _____

Additional Application Materials:

- Student Essays Parent Recommendation Teacher Recommendation
 Principal/Director Recommendation Records Release

Student Essays - Short Answer

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Please answer the following questions in the space provided below. There is no length requirement, but please answer all parts of the questions fully. Please do not seek assistance from anyone in writing these essays, as we are interested in your perspective.

1. What are your interests, challenges, and successes? Share what you feel are your best qualities and what you'd like to improve about yourself.

2. What responsibilities have you assumed at home, at school, and in the community?

3. If you had an entire day to do exactly as you wanted, what would you do?

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Student Essays - Short Answer (continued)

4. Describe the last book you read for pleasure.

5. What are your experiences outdoors? (Outdoor camps, nature walks, travel, hiking, camping, etc.)

Student Essays - Long Answer

Please answer the following essay questions on a separate piece of paper. There is no length requirement, but please answer both questions fully. Please do not ask assistance from anyone in writing these essays, as we are interested in your perspective.

1. Staunton Montessori Adolescent Community is a unique opportunity for study, work, and living. Why would you like to join our community?
2. Adolescence is a time for envisioning the future. Share a description of your future with us.

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Applicant Name: _____

Applying for School Year: _____

Parent/Guardian Recommendation(s)

The Adolescent Community of Staunton Montessori School provides a unique opportunity for study, work, and living. Though guided by responsible and trained adults, students will be responsible for managing the household, cultivating the land, operating small businesses, caring for plants and animals, and running a small farm. These activities, integrated with academic studies, making for an intensive community. Your child has indicated they are interested in the Adolescent Community and is up to the challenging and encompassing nature of the community. Your answers to the following questions will help us evaluate the likelihood that your child's experience will be positive. Please be honest and complete in your answers and feel free to add additional comments. **We ask that both parents, if possible, complete independent recommendations.**

Completed by:

Name: _____

Relationship: Parent Guardian

Please rate on your child's:

	Excellent	Good	Average	Fair	Challenging
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following questions. Should you need more room, please continue on a separate piece of paper.

1. How would you characterize your child's personality and interests?

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2. In what areas would you like to see your child develop?

3. What is your child's interest and level of comfort in the natural environment?

4. How would you describe your child in regard to their level of independence?

5. What significant issues has your child faced in their life?

6. Does your student have any special needs (academic, behavioural, medical, dietary, etc.)?

7. Has your child ever been away from home? Describe the duration and adjustment in detail?

Please sign & date below indicating your answers are honest and accurate:

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Applicant Name: _____

Applying for School Year: _____

School Principal/Director and Teacher Recommendation(s)

The applicant named above is applying for admission to the Adolescent Community of Staunton Montessori School. The community provides a unique opportunity for study, work, and living. Though guided by responsible and trained adults, students will be responsible for managing the household, cultivating the land, operating small businesses, caring for plants and animals, and running a small farm. These activities, integrated with academic studies, make for an intensive community. The applicant has indicated they are interested in the Adolescent Community and is up to the challenging and encompassing nature of the community. Your answers to the following questions will help us evaluate the likelihood that the applicant's experience will be positive. Please be honest and complete in your answers, and feel free to add additional comments.

Completed by:

Name: _____

Relationship: Principal/Director Teacher

School Name: _____

Mailing Address: _____

City: _____

State: _____ Country: _____

Postal Code: _____

Phone: _____ - _____ - _____

Please sign & date below indicating your answers are honest and accurate:

Please rate on the applicant's following attributes:

	Excellent	Good	Average	Fair	Challenging
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please respond to the following questions. Should you need more room, please continue on a separate piece of paper.

In what contexts have you known the applicant and for how long?

How do you assess the applicant's academic achievement in relation to ability?

Please share with us how the applicant has contributed to your school community, including any activities, accomplishments, recognitions, distinctions, awards, or displays of character:

Describe the applicant's emotional maturity in relation to their peers.

Describe the applicant's sense of responsibility.

Describe any notable disciplinary issues you have encountered with the applicant in the past two years.

I recommend this applicant for admission:

Enthusiastically Mildly Reluctantly Do not recommend

Thank you for completing this evaluation. Your comments are important in helping us gain a better understanding of the candidate. If you have any questions about this form, or about the Adolescent Community of Staunton Montessori, please feel free to contact us.

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Applicant Name: _____

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School Records Release

Parent/Guardian Name(s): _____

Current School: _____

Mailing Address: _____

City: _____

State: _____ Country: _____

Postal Code: _____

Phone: ____ - ____ - _____

Parent/Guardian:

Please sign this School Records Release and turn it into your child's current school.

To guarantee consideration, please request that this form is sent from your child's current school *directly* to:
Kelley Flanders Head of School, Staunton Montessori School, 2076 Jefferson Hwy., Fishersville VA 22939.

By signing below, I give permission for the school records of the above student to be sent to Staunton Montessori School. I also understand that the information on this form and any additional information will remain confidential. I also give permission to Staunton Montessori School to contact my child's current teachers to discuss their recent progress.

Signed: _____

Date: _____

To the Registrar and/or Principal:

The student named above is applying to Staunton Montessori School and requesting that you complete this records release. Please return this form and attach the following information:

- Health/Medical
- Academic Information
- Testing & Evaluations
- Disciplinary Records
- Transcripts from other schools
- All other pertinent information

Please return this form with the records to:

Mail: Debra Dance Schmid
Staunton Montessori School
2076 Jefferson Hwy
Fishersville VA 22939

Email: office@stauntonmontessori.org

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