



Staunton Montessori Elementary 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.

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General Information

Parent/Guardian Information

Legal Name: _____

Preferred Name: _____

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: _____

Relationship to Student: _____

Marital Status: _____

Legal Guardians (if other than parents): _____

Applicant Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Legal Name: _____

Preferred Name: _____

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: _____

Relationship to Student: _____

Who has legal custody? _____

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 application which includes:
 - a. This form completely filled out
 - b. The \$50.00 non-refundable application fee to Staunton Montessori School
 - c. The School Records Release (*if applicable*)
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: _____

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