



Bridgeview Montessori School

APPLICATION FOR NEW ELEMENTARY STUDENTS

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

Date of Birth: _____ Circle One: 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

Parent/Gaurdian Signature

Parent/Guardian Signature

Child lives with: _____

Date: _____

Other Children in the Family:

Name Gender Age

Name Gender Age

Application Fee: \$50. per new family (*Non-Refundable*) – to be paid with Application Form.

Policy on Non Discrimination

Bridgeview Montessori School does not in any way discriminate on the basis of race, gender, age, religion, cultural heritage, political beliefs, national/ethnic origin, physical disability, marital status, or sexual orientation in the

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

