



# ADMISSIONS APPLICATION

## APPLICANT INFORMATION

**STUDENT NAME:**

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Nickname:
Address:		
City/State:	Zip Code:	Phone:
Place of Birth:	Requested Start Date:	

## PARENT INFORMATION

<b>PARENT NAME:</b>	Relationship to Student:	
Address:		
Home Phone:	Cell phone:	Work Phone:
Email:		
Employer:	Occupation:	
Employer Address::		
<b>PARENT NAME:</b>	Relationship to Student:	
Address:		
Home Phone:	Cell phone:	Work Phone:
Email:		
Employer:	Occupation:	
Employer Address:		

## PROGRAM REQUEST: PLEASE MARK AND RANK IN PRIORITY ALL PROGRAMS DESIRED NOW AND IN THE FUTURE

<b>TODDLER (19 Months-3 Years Old)</b> <input type="checkbox"/> Half Day <input type="checkbox"/> AM (8:15-11:15) <input type="checkbox"/> PM (12:15-3:15) <input type="checkbox"/> 2 Day (M/T) <input type="checkbox"/> 3 Day (W/TR/F) <input type="checkbox"/> 5 Day <input type="checkbox"/> Full Day (8:00 – 4:00) <input type="checkbox"/> After Care (4:00 – 5:00)	<b>PRIMARY (3 Years -6 Years Old) *</b> <input type="checkbox"/> Half Day <input type="checkbox"/> AM (8:15-11:15) <input type="checkbox"/> PM (12:15-3:15) <input type="checkbox"/> Full Day (8:30 – 3:30) <input type="checkbox"/> Extended Day(8:15 – 3:15)** <input type="checkbox"/> 10 Month <input type="checkbox"/> Before Care (7:30 – 8:30)*** <input type="checkbox"/> After Care (3:15 – 5:00)***
<b>ELEMENTARY (8:15 - 3:15)</b> <input type="checkbox"/> Lower Elementary (6 -9 Years Old) Grade _____ <input type="checkbox"/> Upper Elementary (9-12 Years Old) Grade _____	<b>ELEMENTARY BEFORE &amp; AFTER CARE</b> <input type="checkbox"/> Before (7:30 – 8:30) <input type="checkbox"/> After (3:15 – 5:00)

\*Children must be toileting independently to enter Primary

\*\*Extended day is for kindergarten aged students (5 by 9/1)

\*\*\*Before and After care is only available to Primary full day students

## PRESENT OR MOST RECENT SCHOOL INFORMATION

Name:		
Address:		How long?
City/State:	Zip:	Phone:
Previous Montessori Experience? (circle one)	YES	NO

If yes, explain:

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DO YOU HAVE ANY RELATIVES WHO ARE CURRENTLY ATTENDING OR HAVE PREVIOUSLY ATTENDED ANCHORAGE MONTESSORI? IF SO, WHO?

Please describe any special educational, physical or emotional needs your child may have.

Has your child undergone any academic, diagnostic, psychological or other testing?

YES NO

If YES, please indicate the nature of the testing and provide a copy of the test results with the application.

Is your child currently taking, or has s/he ever taken, any behavior altering medication?

YES NO

If YES, please elaborate.

WHAT DO YOU SEE AS YOUR CHILD'S STRENGTHS?

IN WHAT WAYS DO YOU FEEL OUR PROGRAM WILL BENEFIT YOUR CHILD?

PLEASE LIST YOUR CHILD'S INTERESTS, HOBBIES, AND SPECIAL TALENTS?

WHAT ACTIVITIES DO YOU PARTICIPATE IN AS A FAMILY AT HOME AND IN THE COMMUNITY?

PLEASE LIST ANY AREAS OF EXPERTISE THAT YOU MAY WANT TO SHARE WITH THE CHILDREN AT SCHOOL.

### TERMS OF ADMISSION

*This application is a request for admission. All information shall be treated as confidential material. Please read the following carefully and sign below.*

- Anchorage Montessori School reserves the right to accept or reject this applicant and also to request the withdrawal of any child if it is thought to be of benefit to the child or the school.
- If the child is to be withdrawn by the parent or legal guardian, fees are non-refundable. The Tuition Agreement terms and conditions, Withdrawal Policy and Financial Policy will be honored.
- This application is viewed as an expression of the parents' or legal guardians' trust in the school. As such, it is requested that recommendations made by the child's teachers and/or the Director will be carefully considered and followed if the child is to remain enrolled. Lack of cooperation with the school policies and or recommendations will be grounds for termination of enrollment.
- It is the parent's responsibility to download and review the Parent Handbook from our website. It is recommended that this occur prior to admission.
- Anchorage Montessori School does not discriminate on the basis of race, creed, color, sexual orientation or national/ethnic origin.

I/We have read and understand these Terms of Admission. If my/our child is accepted and enrolled, I/we agree to the terms stated above.

Printed name:

Signature:

Date:

- **AN APPLICATION FEE OF \$50 MUST BE ATTACHED. THIS IS A NON-REFUNDABLE FEE.**
- **TWO (2) STUDENT RECOMMENDATION FORMS ARE NECESSARY TO COMPLETE THE ELEMENTARY APPLICATION PROCESS.**

**Office Use Only:**

**Date Rec'd:** \_\_\_\_\_

**Rec'd By:** \_\_\_\_\_

**Form of Payment:** \_\_\_\_\_

**Please return to: Anchorage Montessori School  
5001 Northwood Drive, Anchorage, AK 99517**

Constant Contact \_\_\_\_\_

Head Master \_\_\_\_\_