



# Rochester Montessori School Application for Admission

Child's Full Name: \_\_\_\_\_ Application Date \_\_\_\_\_ For School Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_ Gender: F M Application Fee \$75.00 Check # \_\_\_\_\_

What language or languages do you and your child speak at home? \_\_\_\_\_

**Program Selection** Mark the program for which you are applying.

Indicated ages refer to the age of your child as of September 1<sup>st</sup>.

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**Toddler Programs** (18 months – 3 years)

*Toddler Half Day*

*Toddler Full Day*

\_\_\_\_\_ M – F 8:30 – 11:45

\_\_\_\_\_ M – F 8:30 – 3:00

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**Children's House** (3 years – 6 years)

*Morning AM Program*

*Children's House Full-Day*

\_\_\_\_\_ M – F 8:30 – 11:45

\_\_\_\_\_ M – F 8:30 – 3:00

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**Elementary 1** (grades 1-3)

\_\_\_\_\_ M – F 8:30 – 3:30

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**Elementary 2** (grades 4-6)

\_\_\_\_\_ M – F 8:30 – 3:30

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**Middle School** (grades 7-8)

\_\_\_\_\_ M – F 8:30 – 3:30

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**Early Arrival**

\_\_\_\_\_ M – F 7:30 – 8:30

**Late Pick-Up**

\_\_\_\_\_ M – F 3:00 – 4:30 or \_\_\_\_\_ M – F 3:00 – 5:30

## Family and Contact Information

### Primary Contact Parent/Guardian

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Parent/Guardian 2

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please list members of the child's household:

Sibling 's Name	Age	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status (Please Check All That Apply)

Parents/Guardians Married                       Single Parent/Guardian  
 Parents/Guardians Separated                       A Parent/Guardian is Deceased  
 Parent/Guardian 1 Remarried                       Parent/Guardian 2 is Remarried  
 Other \_\_\_\_\_

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

Names of family members who currently attend or have attended Rochester Montessori School:

Name	Program Attended	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Child's Present School \_\_\_\_\_ Dates \_\_\_\_\_  
School Address \_\_\_\_\_ Phone \_\_\_\_\_

Your Child's Previous School \_\_\_\_\_ Dates \_\_\_\_\_  
School Address \_\_\_\_\_ Phone \_\_\_\_\_

Has your child had any previous Montessori school experience? \_\_\_\_\_

What is it about Rochester Montessori School that appeals to you? Why do you think this is a good school for your child? \_\_\_\_\_

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Imagine that your child is about to graduate from Rochester Montessori School's middle school and everything in her/his development and education turned out better than you hoped. What would you like to see your child accomplish? How do you see Rochester Montessori School facilitating these goals?

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Does your child have any special interests, hobbies, sports ability, artistic ability, or unusual talents? \_\_\_\_\_

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Please describe your child's social relationships with adults and other children. \_\_\_\_\_

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Has your child had any remedial work, special tutoring, or enrichment classes during the past two years? If so, in what areas?

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Do you have concerns about your child? \_\_\_\_\_

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Please describe your child's general health. \_\_\_\_\_  
\_\_\_\_\_

Is your child currently receiving any medication? If so, please list: \_\_\_\_\_

Is there any significant medical history of which we should be aware? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical limitations or allergies which would limit her/his participation in the full range of school activities? If so, please describe them briefly.

\_\_\_\_\_

Have any diagnostic evaluations (educational or psychological) been completed for your child? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe and request a copy of educational testing/evaluations be sent to us.

\_\_\_\_\_

Rochester Montessori School is a community that involves the entire family. As a member of Rochester Montessori School, please describe your talents, interests, or resources you might share to enhance the School's community. \_\_\_\_\_

\_\_\_\_\_

Please enclose the application fee of \$75.00 with your application. This fee is non-refundable. Your application is regarded as a formal request for consideration of your child as a potential student at Rochester Montessori School.

Admission Process: The Rochester Montessori School welcomes and considers all student applications and does not discriminate on the basis of age, color, creed, gender, marital status, national origin, public assistance, race, religion, and sexual orientation in administration of the School's educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administrated programs. Admission priority is given to students currently attending Rochester Montessori School. Receipt of this application and application fee does not guarantee placement. New applications are reviewed and placements are made as appropriate openings occur. A limited amount of financial aid is available; please contact the School for additional information.

Once I/we become a Rochester Montessori School family, I/we understand that I/we are expected to stay informed about School events through, for example, the newsletter, calendar, and letters from the classroom and website. I/we also understand we are expected to attend parent/guardian-teacher conferences, visit my/our child's classroom during the year, volunteer, participate in parent/guardian education programs and support School fund raising events such as the Annual Fund and the Auction.

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

\_\_\_\_\_  
Date