



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 \$100.00 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 1st.

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Toddler Programs (18 months – 3 years)

Toddler Half Day

Toddler Full Day

_____ M – F 8:30 – 11:30

_____ M – F 8:30 – 3:00

.....
Children's House (3 years – kindergarten)

Morning AM Program

Children's House Full-Day

_____ M – F 8:30 – 11:45

_____ M – F 8:30 – 3:00

.....
Elementary 1 (grades 1-3)

_____ M – F 8:30 – 3:15

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

_____ M – F 8:30 – 3:30

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

_____ M – F 8:30 – 3:30

.....
Early Arrival (7:30-8:30) and **Late Pick-Up** (3:00-4:30 or 3:00-5:30) are offered pending availability. Enrollment into these programs takes place during the summer or during the school year if a student enrolls in the Rochester Montessori School after September 1.

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
- Parents/Guardians Separated
- Parent/Guardian 1 Remarried
- Other _____
- Single Parent/Guardian
- A Parent/Guardian is Deceased
- Parent/Guardian 2 is Remarried

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 _____

As a part of the admissions consideration, please provide copies of school progress reports and records.

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? _____

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?

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

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

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

Do you have concerns about your child? _____

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 \$100.00 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