



Application for Admission

Child's Name: First _____ Middle _____ Last _____

Child Goes By: _____ Date of Birth: _____ Gender: _____

Today's Date: _____ Tour Date: _____ Requested admission year: _____

Applying for: Primary (3K, 4K, or 5K/ Kindergarten) Elementary (1st - 6th Grade)

Best contact number: _____ Email: _____

Child(ren) Currently Enrolled at MSC: _____

Language(s) spoken at home: _____

This application is subject to the following terms and conditions:

- 1) **A nonrefundable \$75.00 fee is required to process the application.** Payment can be made by cash, check, credit or debit card, or ACH transfer.
- 2) The Montessori School of Columbia gives preference in admission decisions to children with siblings currently enrolled in the school and to those with prior Montessori experience.
- 3) As part of the application process, the Montessori School of Columbia requires a campus tour, a classroom visit for your child, a follow-up family conversation, and, if applicable, a request for records.
- 4) The Montessori School of Columbia may contact the child's previous schools, teachers, or child care providers. This application serves as your permission for the Montessori School of Columbia to request student records from any previous school, teacher, care provider, doctor, etc. **By signing and submitting the attached Authorization for Release of Information form**, you hereby release the Montessori School of Columbia, its employees and representatives, the evaluator, and the evaluator's employer from any and all claims and liability that may arise from providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the evaluation form(s) will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential.
- 5) Submitting this application does not guarantee acceptance into the Montessori School of Columbia. If the child is accepted, an enrollment contract will be provided.
- 6) By submitting this form, you consent to receive communications from MSC.

Nondiscrimination Policy

At MSC, we strive to cultivate an inclusive environment that is open, welcoming, and supportive of all individuals. We recognize diversity at our school is essential to providing academic excellence and critical to our sustainability. The school does not discriminate on the basis of race, gender, sexual orientation, creed, disability, national origin, ethnicity, age or any other basis protected by federal or state law. We celebrate the diverse voices, perspectives, and experiences of our community, employees, and families.





Accommodations

Students with unique learning, behavioral, or emotional needs may require additional support outside of the school. The school does not employ staff specifically trained in providing accommodations and may not be equipped to meet the needs of every child. To help us assess your child's needs effectively, we ask that you disclose any relevant medical, psychological, or social/emotional evaluations, current medications, or other pertinent information.

First Guardian Information:

Full Name: _____

Goes By: _____ Relation to Student: _____

Profession: _____

Employer: _____

Phone Numbers: (cell) _____ (work) _____ (home) _____

Email Address: _____

Home Address (please include city, state, and zip code):

Second Guardian Information:

Full Name: _____

Goes By: _____ Relation to Student: _____

Profession: _____

Employer: _____

Phone Numbers: (cell) _____ (work) _____ (home) _____

Email Address: _____

Home Address (please include city, state, and zip code):





Please indicate the name of the custodial adult(s) below. Note that our policy is to look to the custodial adult for all decisions regarding the child.

Names, ages, and current schools of siblings: _____

Please provide the following information about your child:

Does your child have any allergies? _____

Does your child have a regular bedtime? _____ When is bedtime? _____

How much screen time is your child engaged in each day? _____

Is your child comfortable around animals? _____

Is your child fully toilet trained? _____

Does your child dress independently? _____

Describe your child's learning style.

How does your child typically spend time outside of school?

In what activities does your child enjoy participating?

How does your child manage frustration or challenges?

What are your educational goals for your child?





In what ways do you envision yourself participating in the MSC community?

Do you have plans to stay at MSC through Upper Elementary (6th grade)? _____

What factors have led you to consider the Montessori School of Columbia for your child?

Please list schools/childcare centers your child has attended previously:

School: _____ **Dates:** _____

Address: _____

Phone: _____ **Teacher's name:** _____

Contact email: _____

School: _____ **Dates:** _____

Address: _____

Phone: _____ **Teacher's name:** _____

Contact email: _____

School: _____ **Dates:** _____

Address: _____

Phone: _____ **Teacher's name:** _____

Contact email: _____





Authorization for Release of Information

Guardians: please complete this form and submit it to the Admissions Office at the Montessori School of Columbia.

I, _____, hereby authorize the Montessori
(Printed name of parent or legal guardian)

**School of Columbia to obtain any information or records from any previous school,
teacher, care provider, doctor, etc. on behalf of my student,**

(Name of child)

Printed Name: _____ Relation to student: _____

Signature: _____ Date: _____

By signing and submitting this form, you hereby release the Montessori School of Columbia, its employees and representatives, the evaluator, and the evaluator's employer from any and all claims and liability that may arise from providing, obtaining, or using the records request form and the substance of the information provided by the evaluator. All information provided on the records request form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential.

