



## Application for Admission

Child's Name: \_\_\_\_\_ Child Goes By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_ years \_\_\_\_\_ months

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Non-Binary \_\_\_\_\_ Other \_\_\_\_\_

Today's Date: \_\_\_\_\_ Tour Date (if applicable) \_\_\_\_\_

Requested admission date: \_\_\_\_\_

Applying for:  Primary (preschool or kindergarten)  Elementary  Middle School

Best contact phone number:  
\_\_\_\_\_

This application is subject to the following conditions:

- 1) **A nonrefundable \$50.00 fee must accompany the application.**
- 2) The Montessori School of Columbia gives preference in admission decisions to children with siblings already enrolled in the school and to children with previous Montessori experience.
- 3) The Montessori School of Columbia may contact the child's previous schools, teachers or child care providers and this application serves as your permission to request student records from any previous school or care provider.
- 4) The Montessori School of Columbia may require an interview and/or classroom visit with your child as part of the application process. Parents may be required to observe in a classroom.
- 5) This application does not constitute acceptance into The Montessori School of Columbia. If the child is accepted to the school, an enrollment contract will be sent.

### **Nondiscrimination Policy**

The school does not discriminate on the basis of race, gender, gender identity, sexual orientation, color, creed, disability, national or ethnic origin, age or any other basis protected by federal or state law.

Our teachers are not specially trained to educate children with specifically diagnosed learning, behavior, or attention disorders. In order to effectively assess your child, we request that you disclose any medical or psychological evaluations, current medications, and any other information relevant to this concern.

---

---

---

---

**First Parent Name:**

Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Goes By \_\_\_\_\_

First Parent Profession: \_\_\_\_\_

First Parent Employer: \_\_\_\_\_

First Parent Phone Numbers:

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

First Parent Email Address: \_\_\_\_\_

First Parent home address (please include city, state, and zip code):

---

---

**Second Parent Name:**

Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Goes By \_\_\_\_\_

Second Parent Profession: \_\_\_\_\_

Second Parent Employer: \_\_\_\_\_

Second Parent Phone Numbers:

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Second Parent Email Address: \_\_\_\_\_

Second Parent Address (only if different than first parent):

---

---

If parents are separated/divorced, please indicate the name of the custodial adult below.  
Please 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? \_\_\_\_\_

Why are you considering Montessori School of Columbia for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**School:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Teacher's name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Teacher's name:** \_\_\_\_\_