



Application for Admission

Child's Name: _____ Child Goes By: _____

Date of Birth: _____ Gender: _____ Today's Date: _____

Tour Date: _____ Requested admission year: _____

Applying for: ☐ Primary (3K, 4K, or Kindergarten) ☐ Elementary (1st-6th grades)

Best contact number: _____ Email: _____

Child(ren) Currently Enrolled at MSC: _____

Language(s) spoken at home: _____

This application is subject to the following conditions:

- 1) **A nonrefundable \$50.00 (\$75.00, effective March 1, 2024) fee is required to process the application.** This can be paid by cash, check, credit or debit cards, or ACH transfer.
- 2) The Montessori School of Columbia gives preference in admission decisions to children with siblings enrolled in the school and to children with previous Montessori experience.
- 3) The Montessori School of Columbia requires a campus tour, a classroom visit for your child, and a followup family conversation as part of the application process.
- 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) 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

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 support from outside of the school. The school does not employ staff specifically trained in accommodations and may not be able to meet the needs of every child. In order to effectively assess your child, we request that you disclose any medical, psychological, social/emotional evaluations, current medications, and any other information relevant to this concern.

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? _____

Describe your child's learning style.

How does your child spend non-school hours?

What activities does your child enjoy?

How does your child handle frustration?

What are your educational goals for your child?





How do you see yourself participating in the MSC community?

Do you have plans to stay at MSC through upper elementary (6th grade)?

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:** _____

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.

