

FAMILY INFORMATION, CONTINUED

Parents married Mother deceased Father deceased

Parents separated * Parents divorced * Parents never married *

* Please indicate who has legal custody: _____

* Please indicate who has physical custody: _____

Mother remarried Father remarried

Stepparent Information:

Title: Dr. Mr. Mrs. Ms. Relationship to Child: _____

Full Name: _____

Street Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Siblings: Name _____ M/F _____ Date of Birth _____ School _____

REFERRAL

How did you hear about St. Helena Montessori? _____

Please list relatives/friends who currently attend or are alumni of St. Helena Montessori:

EDUCATION

Current School Name: _____

Address : _____

Current Grade: _____ Date of Entrance: _____

Prior Schools:

<u>Name</u>	<u>Dates of Attendance</u>	<u>City/State</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME LIFE

Primary language spoken at home: _____

Additional languages spoken at home: _____

Is your child regularly cared for by anyone other than parents? Yes No

If yes, by whom? _____ Days per week: _____ Hours per day: _____

Does your child watch TV or videos? Yes No If yes, how many hours per week? _____

Does your child have his/her own room? Yes No

SACRAMENTAL LIFE

Parents' Religious Denomination(s): _____

Child's Religious Denomination: _____

Has your child been baptized? Yes No Received First Confession/Communion? Yes No

If no, is preparation for these sacraments desired? Yes No

Does the family attend church regularly? Yes No

BACKGROUND

Please feel free to attach additional pages if you require more space.

What are your child’s interests and strengths? For older students, describe any unique talents or achievements, in or out of school.

Describe your child’s relations / interactions with siblings.

Describe your child’s relations / interactions with other children.

What do you hope your child will accomplish at St. Helena Montessori?

How long do you intend to enroll your child in St. Helena Montessori?

- Through Primary Through Elementary Through Adolescent

If other than “Through Adolescent,” please indicate why:

Has your child had any difficulties in school? Yes No

If yes, what support have you or the current school provided?

Are there any pertinent medical, psychological, or emotional issues that may require special attention or limit participation in school activities? Yes No

If yes, please describe:

ASSESSMENT INFORMATION

Has your child had any form of achievement, intelligence, or psychological testing during the last three years? Yes No

If yes, please include a copy of the results.

CERTIFICATION AND SIGNATURES

We/I certify that the information in this application is true, accurate, and complete. We/I authorize St. Helena Montessori to request any information that it believes is relevant to this application process. This includes, but is not limited to, information obtained from our/my child's present and previous schools, educational consultants, medical providers and other specialists who may have knowledge useful to the admission process. We/I understand that false, incomplete, omitted or misleading information given in this application or during the application process may result in a refusal to admit or dismissal in the event of admission.

Each parent / legal guardian must sign this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please enclose application fee of \$50.00.

St. Helena Montessori adheres strictly to a policy of non-discrimination, and no child will be refused admission on the basis of race, color, sex, or national origin.