

## APPLICATION FOR ADMISSION

Full Name of Child: \_\_\_\_\_  
  First                                Middle                                Last

Nickname / Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Adopted:  Yes  No Sex:  Male  Female

Application for:  Toddler (18 months -36 months)                   Primary (ages 3 – 6)  
   Elementary (grades 1 – 6)                                   Adolescent (grades 7 – 9)

For admission:  ASAP                   Fall 20\_\_\_\_\_                   Spring 20\_\_\_\_\_

### FAMILY INFORMATION

#### Parent / Guardian Information:

Title:  Dr.  Mr.  Mrs.  Ms. Relationship to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City / State / Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Parent / Guardian Information:

Title:  Dr.  Mr.  Mrs.  Ms. Relationship to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City / State / Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

City / State / Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

<b>Siblings:</b>	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:

Name	Dates of Attendance	City/State	Telephone
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## 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): \_\_\_\_\_

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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.

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Describe your child’s relations / interactions with siblings.

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

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

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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:

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Has your child had any difficulties in school?  Yes  No

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

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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:

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### 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.

I will be applying for financial aid/tuition assistance.  Yes  No

### 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.