



# Apple Valley Montessori School

## Application for Admission

**Child's Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Middle Name** \_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Date Requesting Admission:** \_\_\_\_\_

**Father or Guardian** \_\_\_\_\_ **Age** \_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Employment Address \_\_\_\_\_

**Mother or Guardian** \_\_\_\_\_ **Age** \_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Employment Address \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

\_\_\_\_\_

**Schools Previously Attended:** \_\_\_\_\_

\_\_\_\_\_

**This application is for** \_\_\_\_\_ **Full Day (8:15 – 3:00)** \_\_\_\_\_ **Half-Day (8:15 – 11:30)**

**Please complete the reverse side.**

(Attach extra sheet, if necessary)

1. What do you expect your child to gain from a Montessori environment?
  
2. Do you have any concerns about your child's health, emotional stability, learning style, or disabilities?
  
3. Has your child ever received counseling or therapy of any kind? Please supply details.

I am aware that my child will not be admitted to the school until tuition is paid in full, or the split tuition plan is utilized.

In keeping with the purpose and spirit of the Montessori approach to educating children, which includes progression in the introduction of knowledge and materials, students should not be withdrawn without grave cause.

In addition, parents are expected to be active in attending parent conferences, meetings, and school related activities, and volunteer 25 hours per year to the school.

In consideration of the acceptance of my child as a student in the Apple Valley Montessori School, I agree to indemnify the school, administration and staff against any suits, action claims, and demands made against, by, for, or on behalf of:

\_\_\_\_\_  
(Child's Name)

Parents' Signatures

\_\_\_\_\_  
Date

A \$100 Application Fee must accompany this application. This fee is non-refundable and is not deductible from tuition. Please make check out to Apple Valley Montessori School, Inc.

Apple Valley Montessori School, Inc. admits students of any religion, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of religion, race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

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OFFICE USE ONLY

Date Received \_\_\_\_\_ Application Fee \_\_\_\_\_

Group Visit \_\_\_\_\_ Individual Visit \_\_\_\_\_