

Application for Admission

3328 Bennett Lane, Jefferson City, MO 65101
tel 573-690-2872 admin@woodlandmontessori.org



Date of Application: _____

Child's Last Name _____ Child's First Name _____ Date of Birth _____
 FEMALE MALE

Home Address _____ City _____ State _____ Zip Code _____

Will you need: (Check all the apply)

- Early Care? (7:30-8:15) Half day Primary? (8:15 - 11:30) School day Primary? (8:15 - 3:30) Full day Primary? (8:15 - 5:30)

Family Information

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Relation to Student: _____

Relation to Student: _____

DOB: _____

DOB: _____

Home Address: _____

Home Address: _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Place of Employment: _____

Place of Employment: _____

Occupation: _____

Occupation: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

Parent's Marital Status: Married Separated Divorced Other

Is the child regularly cared for by an adult other than the parents? No Yes (If "Yes," by whom?)

Name of person or persons financially responsible

Email Address/Addresses

Siblings:

Name

Age

School

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other school(s)/childcare centers attended by applicant:

School Name _____

Dates _____

School Name _____

Dates _____

Student Information

Please answer the following questions. Please feel free to use additional paper if you need more space.

1. What attracted you to Montessori education? Why have you chosen to apply to Woodland Montessori School?

2. What are some of the activities that your family enjoys doing together?

3. Your parental perspective helps us know your child better. What are your child's strengths and unique characteristics or talents?

4. What personal skills and talents are you and your family willing to donate to Woodland Montessori Community?

5. How did you hear about Woodland Montessori School?

6. Have any family members attended a Montessori School? Please list who, where and when.

7. Please share any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

The Admission Process

1. PARENT VISIT AND OBSERVATION

Parents must tour the school, observe the classroom, and meet with the Director/Head of School. This allows perspective parents and the school to become acquainted with each other and to share pertinent information ensuring a good match between the family and Woodland Montessori School.

2. APPLICATION

Parents are encouraged to submit a completed application form accompanied by a \$75.00 non-refundable application fee as promptly as possible after the parent visit.

Please return or send this application along with a check for \$75.00 to Woodland Montessori School to the following address:

Woodland Montessori School
3328 Bennett Lane
Jefferson City, MO 65101

3. STUDENT VISIT

Student visit will be arranged once all the application materials have been received. Children will be able to explore the Montessori Classroom with the guidance of the Montessori teacher.

4. ADMISSION DECISION

Woodland Montessori School will inform you of admission. Upon acceptance, our annual enrollment fee of \$350.00 is due and submission of a signed enrollment contract confirms acceptance or placement in the program. Immunization records are required upon acceptance.

Woodland Montessori School admits students of any 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 race, color, national and ethnic origin in administration of its educational policies, admission policies, and any school-administrated programs.

WMS Office Use Only:

Date Application Received: _____

Payment Type/Number: _____

Interview Date: _____

Date Admitted: _____

Date Declined: _____

Anticipated Enrollment: _____

Enrollment Contract Received: _____

Enrollment Deposit Received: _____