



OFFICE USE ONLY:  
 Non-Refundable  
**Application Fee: \$50**  
 Date Received: \_\_\_\_\_

## Application for Admission

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex: Male Female

Parent/Guardian Name in Full:

Parent/Guardian Name in Full:

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Check Which Applies: Parents Together Parents Separated Parents Divorced Single Parents

With whom is child living? \_\_\_\_\_

Who is legal guardian? \_\_\_\_\_

Is the child regularly cared for by anyone other than parents? Y N If so, by whom? \_\_\_\_\_

Primary language \_\_\_\_\_

Other language(s) spoken \_\_\_\_\_

Level Applying for: Academic Year: 20\_\_\_\_

September January

Preprimary/Toddler (12 mos. - 3 yrs.):

Lower Elementary (1st - 3rd grade/6-9 yrs.)

Three-Day Week (8:15 - 11:45am)

Upper Elementary (4th - 6th grade/10-12 yrs.)

Five-Day Week (8:15 - 11:45am)

Primary (3 yrs. - 5 yrs.):

Half-Day (3-4 yrs of age; 8:15 - 11:45am)

Full Day (5 yrs of age; 8:15am - 2:30pm)

Do you anticipate needing after school care? (Extended Day services are available as space permits. Opening are limited and will be contributed on a first-come first-served basis and working parents have priority in enrolling their children.)

If so, what days and times: \_\_\_\_\_

How did you hear about Pioneer Montessori School?

Word of Mouth Referral from \_\_\_\_\_

Mailed Brochure/Flyer

Internet Search \_\_\_\_\_

Other \_\_\_\_\_

Print \_\_\_\_\_

Previous/Current school(s) attended by applicant:

Name	Address	Program or Grade(s)/Date(s)
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Please list other school to which you are applying for admission:

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Please list all other children in the family:

Name	Birth Date	Current School	PMS Student/Alumnus
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**Please answer the following questions (Feel free to use the back of this sheet if you need more space).**

1. What attracted you to Montessori education? Please include any personal experience you have had.

2. How is independence promoted in your home?

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

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

5. Please explain any medical or behavioral interventions that may have affected your child's development or educational experience thus far.

6. What are your long term educational plans for your child?

NOTICE OF NONDISCRIMINATORY POLICY

Pioneer Montessori School does not discriminate on the basis of race, color, gender, religion, disability, sexual orientation, national and/or ethnic origin in the admissions process, its educational policies, programs, and activities, tuition assistance, or employment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

All information on this application is kept confidential.

Please send this application along with a check for \$50.00 made out to Pioneer Montessori School to the following address:

Pioneer Montessori School  
PO Box 1809, Ketchum, ID 83340