



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 (18 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:

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