


Application for Enrollment

Child Information

Child's Name	First			
	Middle			
	Last			
Gender				
Birthdate(M/D/Y)				
Place of Birth				
Requested Admission Year (circle)	2018-2019	2019-2020	2020-2021	
Requested Program (circle)	Toddler/Preschool AM or FT	K-8	Current Grade:	OPTIONAL: photo of your child here
Home Address	Street		Apt #	
	City		State	Zip
Home Phone				

Parent/Guardian 1

Name			
Home Address	Street		Apt #
<input type="checkbox"/> (check if same as child)	City	State	Zip
Preferred Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alt. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alt. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address			
Professional Occupation			
Employer			
Skills/Interests			

Parent/Guardian 2 (check if N/A)

Name			
Home Address <input type="checkbox"/> (check if same as child)	Street	Apt #	
	City	State	Zip
Preferred Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alt. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alt. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address			
Professional Occupation			
Employer			
Skills/Interests			

Parent/Guardian 3 (check if N/A)

Name			
Home Address <input type="checkbox"/> (check if same as child)	Street	Apt #	
	City	State	Zip
Preferred Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alt. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alt. Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address			
Professional Occupation			
Employer			
Skills/Interests			

If you need more space for this section, or any other, please use a separate sheet and attach it.

Other Household Information

Parents	<input type="checkbox"/> together <input type="checkbox"/> seperated <input type="checkbox"/> divorced <input type="checkbox"/> single parent <input type="checkbox"/> foster <input type="checkbox"/> other	
(Please check all that apply):	Please Explain:	
Sibling 1	Name	DOB (M/D/Y)
	<input type="checkbox"/> (check if N/A) Gender	
	Alt. Phone # School	Grade
Sibling 2	Name	DOB (M/D/Y)
	<input type="checkbox"/> (check if N/A) Gender	
	Alt. Phone # School	Grade
Sibling 3	Name	DOB (M/D/Y)
	<input type="checkbox"/> (check if N/A) Gender	
	Alt. Phone # School	Grade
Others living in the home (explain)		

Other Information

Send admissions correspondence to:			
How did you hear about our school? / Whom may we thank for referring you to our school?			
Do you intend to apply for financial aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a voucher for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where do you plan to send your child after MSN?			

OPTIONAL - for statistical purposes only

Ethnicity: Is this student Hispanic or Latino/a? Hispanic or Latino/a is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race: The above question is about ethnicity, not race. No matter what you selected, please continue to answer the following by checking one or more choices to indicate what you consider your child's race to be.	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other

Questions for Parents

What do you most appreciate about your child?

Please describe your child's interests and favorite activities.

Why are you applying to MSN for your child?

How do you see your child's transition to a new school?

Please list other schools your family is considering.

Please describe any learning assessments or professional support your child has received (speech, occupational and/or physical therapy, educational testing, REACH).

Please include any other information you think will help us get to know your family better: birth experience, physical development, sibling relationships, adoption, family structure, personality, group experiences and/or special needs.

Application Fee

**A nonrefundable fee of \$35 must accompany this application.
Please make checks payable to The Montessori School of Northampton.**

Office Use Only: Check # _____ Date _____ Received by _____

Records Release Permission

Montessori School
of Northampton

Toddler - Middle School

Name of Applicant _____

The undersigned authorizes permission for Montessori School of Northampton to request written or oral information and receive the following information for the applicant's admissions file:

1. Teachers' written reports
2. Complete transcript of grades
3. Results of standardized testing
4. Results of individualized testing and copy of IEP if applicable
5. Records of disciplinary actions
6. Student health records

Please provide contact information for all schools attended.

You are welcome to attach a separate sheet as needed.

School/Daycare 1

(check if N/A)

School Name		# Years Attended
School Administrator		
School Address	Street	
	City	State Zip
School Phone		School Fax

School/Daycare 2

(check if N/A)

School Name		# Years Attended
School Administrator		
School Address	Street	
	City	State Zip
School Phone		School Fax

Signatures

Parent/Guardian Name		Parent/Guardian Name	
Signature		Signature	
Date		Date	

Admissions Checklist

<input type="checkbox"/>	Review inquiry packet and application materials
<input type="checkbox"/>	Visit MSN: Parents observe classrooms and meet with our Head of School and/or Director of Admissions
<input type="checkbox"/>	Send completed application and \$35 fee to: MSN - Admissions 51 Bates Street Northampton, MA 01060
<input type="checkbox"/>	Request and forward to MSN: <input type="checkbox"/> Complete Records Request and return to MSN with the application (form on reverse side) <input type="checkbox"/> Learning assessments and evaluations
<input type="checkbox"/>	For Elementary and Middle School applicants please also submit the Student Writing Sample (Please download from website.)

Non-Discrimination Policy: The Northampton Montessori Society Inc., maintains a non-sectarian Montessori School which is dedicated to the service of all children. We do not discriminate on the basis of race, color, age, gender, ethnicity, sexual orientation, gender identity or expression, religion, creed, ancestry, national origin, disability, veteran's status, marital status, political beliefs or background.

Questions?

**Please do not hesitate to call our Director of Admissions,
Laura Frogameni:
413-586-4538 x103**

laura@northamptonmontessori.org

We appreciate being in open communication with your family.