



Application for Admission

Middleburg Montessori School
PO Box 35
Middleburg, VA 20118

540.687.5210
www.middleburgmontessori.com

School Year Applying For: _____

Today's Date: _____

Applicant Information:

Child's Full Name: _____
first middle last

Name used: _____ Male Female
Date of Birth: _____ Home Phone: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Mother's Name: _____

Father's Name: _____

Day Phone: _____ Cell Phone: _____

Day Phone: _____ Cell Phone: _____

Program Applying For:

We offer a 9-month and a 12-month option for all ages.

Circle One: **9-month** **12-month**

NIDO & YOUNG CHILDREN'S COMMUNITY	CHILDREN'S HOUSE	ELEMENTARY	ADOLESCENT
<input type="checkbox"/> Half Day (Mon-Fri) 8:00am to 11:45am	<input type="checkbox"/> Half Day (Mon-Fri) 8:00am to 11:45am	<input type="checkbox"/> School Day (Mon-Fri) 8:00am to 3:00pm	<input type="checkbox"/> School Day (Mon-Fri) 8:00am to 3:00pm
<input type="checkbox"/> School Day (Mon-Fri) 8:00am to 3:00pm	<input type="checkbox"/> School Day (Mon-Fri) 8:00am to 3:00pm	<input type="checkbox"/> Extended Day (Mon-Fri) 8:00am to 6:00pm	<input type="checkbox"/> Extended Day (Mon-Fri) 8:00am to 6:00pm
<input type="checkbox"/> Add any one Afternoon per week	<input type="checkbox"/> Add any one Afternoon per week		
<input type="checkbox"/> Extended Day (Mon-Fri) 8:00am to 6:00pm	<input type="checkbox"/> Extended Day (Mon-Fri) 8:00am to 6:00pm		

How did you hear about Middleburg Montessori School?

Parents or Guardian of Applicant:

Parent 1: Mr. Ms. Mrs. Dr.

Name: _____

Occupation of Position: _____

Place of Employment: _____

Home Address (if different from applicant): _____

Phone _____ E-mail _____

Applicant lives with: _____

Check if appropriate: Child adopted Father deceased Parents divorced Parents separated

Parent 2: Mr. Ms. Mrs. Dr.

Name: _____

Occupation of Position: _____

Place of Employment: _____

Home Address (if different from applicant): _____

Phone _____ E-mail _____

If Father Remarried:

Stepparent: Mr. Ms. Mrs. Dr.

Name: _____

Occupation of Position: _____

Place of Employment: _____

Home Address (if different from applicant): _____

Phone _____ E-mail _____

If Mother Remarried:

Stepparent: Mr. Ms. Mrs. Dr.

Name: _____

Occupation of Position: _____

Place of Employment: _____

Home Address (if different from applicant): _____

Phone _____ E-mail _____

Siblings of Applicant:

1. _____ Age: _____ School: _____

2. _____ Age: _____ School: _____

3. _____ Age: _____ School: _____

4. _____ Age: _____ School: _____

List those not in the immediate family living in the residence, and relationship:

Why do you feel that Middleburg Montessori School is an appropriate choice for your child?

What are your immediate goals for your child?

What would you like us to know about your child? (temperament, learning style, separation, care other than parents)

Does your child: Dress self? _____ Feed self? _____ Is child toilet trained? _____

Read? _____ Print? _____ Dominant Hand? _____

Describe your child's style in terms of his/her relationships to others (peers, adults, and family) in new settings and in familiar situations.

Circle 8 words that best describe your child:

Neat	Playful	Active	Curious	Builder
Helpful	Peaceful	Sensitive	Attentive	Nature Loving
Lively	Methodical	Reflective	Artistic	Amusing
Logical	Talkative	Quiet	Reserved	Confident
Daring	Orderly	Passive	Gentle	Cheerful
Free Spirited	Refined	Gregarious	Timid	Dreamer
Enthusiastic	Individualist	Content	Calm	Headstrong
Studious	Contemplative	Tireless	Diligent	Responsible

Languages Spoken at Home:

Present/Prior School Information:

Present School Name: _____ Present Grade: _____ Years Attended: _____

List Previous schools.

School Name: _____

Grades: _____

Years Attended: _____

Information Release Form

In order to comply with government regulation, it is necessary for an applicant's parent or guardian to sign the following form giving the applicant's current or former school permission to release the applicant's records to the Middleburg Montessori School Admissions Office.

I hereby authorize the chief school officer or designated representative of:

Applicant's Present/Formal School_____
Street Address

City

State

Zip

Phone

Fax

to release information for _____ to the Middleburg Montessori School, for the purpose of admission.

Signature of Parent/Guardian

Date

Decisions will be based upon the availability of openings and other relevant information.

A non-refundable fee of \$50.00 must accompany this application. This preliminary application is merely a statement of intent, not a contract. A formal contract must be signed before enrollment is complete.

I accept the terms of the application as indicated on this form.

Signature of Parent/Guardian

Date

Middleburg Montessori School is a 501 c3 not for profit (#27-3548476) recognized AMI Montessori School serving children 15 months to 15 years old in our community for over 35 years fostering independence and a love of learning to a broad and diverse student population.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS - The 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, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan program, and athletic and other school-administered programs.