

Harbour Oaks Montessori School Application for Admission

For office use only

Received:	___/___/___
Application fee:	_____
Student Interview:	___/___/___
Family Meeting:	___/___/___

School year for which you are applying:	Summer Sessions: <input type="checkbox"/> yes <input type="checkbox"/> no
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I understand that the primary, elementary, and middle school programs at Harbour Oaks Montessori School are designed on a 3-year continuum, and in order for my child to benefit fully from the Montessori philosophy; he/she should complete a minimum of 3 years in each program.

<input type="checkbox"/> Pre-Primary (18 months – 3 years)	<input type="checkbox"/> Half Day 8:15 – 12:00	<input type="checkbox"/> Extended Day 8:15 – 3:00
<input type="checkbox"/> Primary (3 – 6 years)	<input type="checkbox"/> Half Day 8:15 – 12:00	<input type="checkbox"/> Extended Day 8:15 – 3:00
<input type="checkbox"/> Lower Elementary (1-3 grade) 8:15 – 3:00		
<input type="checkbox"/> Upper Elementary (4-6 grade) 8:15 – 3:00		
<input type="checkbox"/> Middle School (7-8 grade) 8:15 – 3:00		
<input type="checkbox"/> High School (9-12 grade) 8:15 – 3:00		

Child's Information		
Child's Full Name:		
Home Address:		
City:	State:	Zip:
Age:	Gender:	Birthdate:

Parent/Guardian 1 Information		
Full Name:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:

Parent/Guardian 2 Information		
Full Name:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:

Child's Health Information

Special Physical, Emotional, or Educational Needs:

Long-Term Medications, Illnesses, Conditions, or Physical Restrictions:

Child's History and Habits

With whom does your child reside (immediate family, extended family, secondary care givers)?

Who, besides parent/guardians, regularly cares for your child?

Siblings and Ages:

Usual Bedtime:

Usual Waking Time:

Does your child share a room?
With whom?

What foods does your child prefer?

Does your child have any dietary restrictions?

Please describe your child's appetite and eating habits:

How do you discipline?
Please describe your child's typical reaction:

Choose five words that describe your child:

What are your child's favorite activities?

What television programs/movies does your child watch?
How many hours a week does your child watch television/movies?

What video/computer/phone/electronic games does your child play?
How many hours a week does your child use electronic media?

How long can your child focus on a task (not including electronic-media oriented tasks)?

Does your child experience any difficulty using the toilet independently?
Please describe any obstacles, including when your child experiences problems or challenges.

Child's Development and Education Experience	
Last School Attended:	How Long?
Reason for Leaving:	Current grade level:
Academic Interests:	
What types of environments has your child been in since birth?	
Does your child become anxious when separated from you? Is he/she easily calmed? (please include suggestions for calming your child)	

Educational Goals
How did you hear about Montessori?
What attracted you to Harbour Oaks Montessori School?
What are your long-range plans/goals for your child's education?
Would you like to see your child continue in Montessori through high school?
How will you support the Montessori method at home?
What do you hope your child will gain from a Montessori education?

Is there anything you would like us to know about your child?

I/We understand that Harbour Oaks Montessori School requires an interview. If applicable, previous school records and recommendations will be reviewed prior to acceptance. The school's admission procedures are non-discriminatory with regard to race, religion, and gender. Please enclose a non-refundable application fee of \$100.00 with this application.

Signature of Mother/Guardian:	Date:
Signature of Father/Guardian:	Date: