



Brookview School Application for Admission

Child's Full Name: _____ Birth Date: ____ / ____ / ____ Gender: F M

Application Date _____ Current Age ____ For School Year _____ Fee \$60.00 Check # _____

Program Selection Mark the program for which you are applying.

Indicated ages refer to the age of your child as of December 1st.

Infant (6 weeks – 18 months)

_____ M – F 8:00 – 11:20 _____ M – F 8:00 – 3:20 _____ M – F 8:00 – 5:20

_____ T-W-THR 8:00 – 3:20 _____ T-W-THR 8:00-5:20

Limited Availability

Limited Availability

Toddler (18 months – 3 years)

_____ M – F 8:00 – 11:20 _____ M – F 8:00 – 3:20 _____ M – F 8:00 – 5:20

_____ T-W-THR 8:00-3:20 _____ T-W-THR 8:00-5:20

Limited Availability

Limited Availability

Primary (3 years – 6 years)

Morning AM Program

Afternoon PM Program

_____ M – F 8:00 – 11:20 _____ M – F 11:30 – 3:00

Primary All-Day

_____ M – F 8:00 – 3:00 _____ M – F 8:00 – 5:20 (includes Todo El Día, after school)

Lower Elementary (6-9 years)

_____ M – F 8:00 – 3:20

Upper Elementary (9-12 years)

_____ M – F 8:00 – 3:20

Middle School (12 – 14 years)

_____ M – F 8:00 – 3:20

Early Bird Program (all ages)

_____ M – F 7:00 – 8:00

Family and Contact Information

Primary Contact Parent/Guardian

Name _____
Home Address _____
City _____
State _____ Zip _____
Home Phone _____
Employer _____
Work Phone _____
Email _____

Parent/Guardian 2

Name _____
Home Address _____
City _____
State _____ Zip _____
Home Phone _____
Employer _____
Work Phone _____
Email _____

Please list members of the child's household:

Sibling 's Name	Age	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status (Please Check All That Apply)

- Parents/Guardians Married
- Parents/Guardians Separated
- Parent/Guardian 1 Remarried
- Was the Student Adopted?
- Other _____
- Single Parent/Guardian
- A Parent/Guardian is Deceased
- Parent/Guardian 2 is Remarried
- Date _____

How did you hear about Brookview? _____

Names of family members who currently attend or have attended Brookview School

Name	Program Attended	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Child's Present School _____ Dates _____
School Address _____ Phone _____

Your Child's Previous School _____ Dates _____
School Address _____ Phone _____

Has your child had any Montessori school experience? _____

What attracts you to the Montessori method of education? _____

What is it about Brookview School that appeals to you? Why do you think this is a good school for your child? _____

What would you most like to see your child accomplish at Brookview School over the next few years? _____

Imagine that your child is about to graduate from Brookview's middle school and everything in her/his development and education turned out better than you hoped. What characteristics and values would she/he have? How do you see Brookview School facilitating these goals?

Does your child have any special interests, hobbies, sports ability, artistic ability, or unusual talents? _____

Please describe your child's social relationships with adults and other children. _____

Has your child had any remedial work, special tutoring, or enrichment classes during the past two years? If so, in what areas?

Is there any significant medical history of which we should be aware? Have any diagnostic evaluations (educational or psychological) been completed for your child? Please describe and request a copy of educational testing/evaluations be sent to us.

Please describe your child's general health _____

Does your child have any physical limitations or allergies which would limit her/his participation in the full range of school activities? If so, please describe them briefly.

Has your child suffered any serious illness, injury, or hospitalization? _____

Is your child currently receiving any medication? If so, please list: _____

Brookview School is a community that involves the entire family. As a member of Brookview School, please describe your talents, interests, or resources you might share to enhance the Brookview Community. _____

Please enclose the application fee of \$60.00 with your application. This fee is non-refundable. Your application is regarded as a formal request for consideration of your child as a potential student at Brookview School.

Admission Process: Brookview School welcomes and considers all applications on the basis of equality without regard to religion, race, color, national origin, age, sex, marital status, height, weight, gender identity or sexual orientation as well as children with moderate exceptionalities provided the school and family agree placement would be appropriate. Brookview School seeks to admit students and families who share and support our educational goals and values. Admission priority is given to students currently attending Brookview School. Receipt of this application and application fee does not guarantee placement. New applications are reviewed and placements are made as appropriate openings occur. A limited amount of financial aid is available; please contact the school for further information.

Once I/we become a Brookview family, I/we understand that I/we are expected to stay informed about School events through, for example, the newsletter, calendar, letters from the classroom and website. I/we also understand we are expected to attend parent/guardian-teacher conferences, visit my/our child's classroom during the year, volunteer, participate in parent/guardian education programs and support School fund raising events such as the Annual Fund and the Auction.

Signature of Parent/Guardian

Date