



BROOKVIEW
MONTESSORI SCHOOL

Application for Admission

Child's Full Name: _____ Current Age ___ Birth Date: ___/___/___ Gender F M

Application Date _____ Start Date _____ For School Year _____

Application Fee \$60.00 Check ___ Credit Card ___ Pay Pal ___ (accounting@brookviewschool.org)

Program Selection Mark the program for which you are applying.

Ages indicated refers to the age of your child as of October 1st.

Infant (6 weeks ó 18 months)

_____ M ó F 8:00 ó 11:20 _____ M ó F 8:00 ó 3:20 _____ M ó F 8:00 ó 5:20
_____ T-W-THR 8:00 ó 11:20 _____ T-W-THR 8:00 ó 3:20 _____ T-W-THR 8:00-5:20
(Limited Availability) *(Limited Availability)*

Toddler (18 months ó 3 years)

_____ M ó F 8:00 ó 11:20 _____ M ó F 8:00 ó 3:20 _____ M ó F 8:00 ó 5:20
_____ T-W-THR 8:00-3:20 _____ T-W-THR 8:00-5:20
(Limited Availability) *(Limited Availability)*

Primary (3 years ó 6 years)

Morning AM Program

_____ M ó F 8:00 ó 11:20

Primary All-Day

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

Lower Elementary (6-9 years)

_____ M ó F 8:00 ó 3:20

Upper Elementary (9-12 years)

_____ M ó F 8:00 ó 3:20

Middle School (12 ó 14 years)

_____ M ó F 8:00 ó 3:20

Early Bird Program (all ages)

_____ M ó F 7:00 ó 8:00

Family and Contact Information

Primary Contact: Parent/Guardian 1

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

Parent/Guardian 2

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

Please identify any special characters within your email address, such as hyphens or underscores, in parenthesis.

Please list members of the child's household:

Siblings 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 Montessori School? _____

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

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

Your Child's Present School _____ Dates _____
School Address _____ Phone _____
School Contact Person _____ Email _____

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

Has your child ever attended a Montessori school? _____

What attracts you to the Montessori method? _____

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

What would you most like to see your child accomplish at Brookview Montessori 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 Montessori 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 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 required hospitalization? _____

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

Brookview Montessori School is a community that involves the entire family. Please describe any talents, interests, or resources you might like to 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 Montessori School.

Admission Process: Brookview Montessori 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 Montessori 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 Montessori 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, emails from our classroom teacher, and the 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