



Sundance Montessori School

Enrollment Application

Applications are considered without regard to race, color, gender, religion, nationality or ethnic origin. Children who have physical, emotional or behavioral needs will only be accepted to the degree that they can benefit from instruction, and the school is able to meet the individual needs of the child (Title 22, Section 101218). Children with discipline problems that require special attention may be referred elsewhere.

Child's Name (please print clearly)

Birthdate

Current Age

Female Male

Street Address

City, State, Zip

PLEASE COMPLETE:

Applying for _____ School Year

Program Applying for:

___ Primary ___ Inclusion placement*
___ Kindergarten *(Submit inclusion application)
___ Elementary ___ Scholarship

___ Will need extended care contract

___ Sibling of current Sundance student

___ Place siblings together ___ Place separately

Parent/Guardian Name Work Phone Home Phone Company/Profession

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Check those that apply: Married Parents Parents separated Parents divorced Single parent Domestic partners

With whom is the child living? Who is the legal guardian?

Last three schools attended: 1) _____ 2) _____

3) _____ Current Grade Level _____

What is your best estimate for how long you plan to stay at Sundance? (Check all that apply)

- Primary Program, 3-4 year olds Primary Program, Kindergarten (5-yr olds)
- Elementary 6-9 year olds Elementary 9-12 year olds

FOR OFFICE USE ONLY

Date Application Submitted _____ Payment Rec'd _____ Letter Sent _____

(Continued on back⇌)

How did you hear about Sundance Montessori School?

Phone Book Word of Mouth Ad:(Source) _____

Sundance Parent (name) _____ Other (explain) _____

Has your child ever been suspended or expelled? Yes No

If yes, please explain: _____

Ethnicity (optional): _____

Primary Language: _____ Other languages spoken: _____

Why have you chosen to apply to Sundance Montessori School? _____

Sundance offers limited scholarships to families that qualify based on financial need. If you believe you may require a scholarship, please indicate. Yes No

Does your child have any physical condition or special needs that staff should be aware of?

If yes, please explain: _____

Grandparents of applicant (optional):

Name _____

Address _____

Telephone _____

Name of person(s) financially responsible for child: _____

Address to be used for billing: _____

Have you enclosed your \$50 application fee? Yes

Are there any assessments, reports, documentation, etc regarding this student that we should know about? If yes, please explain: _____

By signing this application, you agree that Sundance Montessori School may contact all parties listed to gather any education-related information we may need for admission.

Signed _____
Parent or Guardian

Date _____

Parent Comments on Student

At Sundance we like to get to know our students and families better. The following questions represent your feelings about your child and family life that can aid us in this process.

Describe your child's overall personality, interests, and temperament:

How would you describe your child's developmental growth in the following areas thus far:

Physical:

Emotional:

Social:

Language:

Do you have any concerns about your child's development thus far?

Describe any examples of something your child excels at, has potential for, or displays a great interest in:

How does your family spend time together? What activities do you enjoy participating in together?

What appeals to you about the Montessori philosophy? Are you familiar with Montessori or have any prior experience with Montessori education?

What do you hope your child gets out of their experience attending Sundance Montessori School?

In what ways do you see yourself involved in Sundance Montessori School and in your child's education?