



Date of Enrollment: \_\_\_\_\_  
Office Use Only

### Student Application

School Year: 20\_\_\_\_/20\_\_\_\_

Term: August / January

If you are requesting rolling enrollment outside the guidelines shown above, please indicate your reason here (e.g., relocation): \_\_\_\_\_

Please circle a program:

Toddler (18 months – 3 years)

Elementary (6-12 years):

Lower (6-9 yrs) Upper (9-12 years)

Primary (2.5–6 years):

Adolescent (12-15 years)

Half (2.5-4 years) Full (5-6 years)

Student: Name First Middle Last

Preferred Name to be used F M Birth date: M/D/Y

Home address City State Zip

Email Address Home Phone

Mailing address if different than above City State Zip

#### Parent or Guardian (full name)

#### Parent or Guardian (full name)

Name

Name

Home address (if different from student)

Home address (if different from student)

City State Zip

City State Zip

Home Phone Cell

Home Phone Cell

E-Mail

E-Mail

Name of Employer

Name of Employer

Position Phone

Position Phone

Address City State Zip

Address City State Zip



Previous School Experience:

1. \_\_\_\_\_

|                |                     |               |
|----------------|---------------------|---------------|
| Name of school | Dates of enrollment | Current Grade |
| Address        | City                | State         |
| Phone          | Montessori?         | Yes    No     |

2. \_\_\_\_\_

|                |                     |           |
|----------------|---------------------|-----------|
| Name of school | Dates of enrollment |           |
| Address        | City                | State     |
| Phone          | Montessori?         | Yes    No |

Reason for Leaving: \_\_\_\_\_

Any concerns or challenges in previous school setting: \_\_\_\_\_

Any special needs, IEP's, developmental delays, or other medical documentation that would help us to better support your child: Yes / No

If you responded "Yes" to the above question, please attach documents to this application.

| Siblings   | Significant others |     |      |     |      |     |      |     |  |       |              |       |              |       |              |
|--|--------------------|-----|------|-----|------|-----|------|-----|--|-------|--------------|-------|--------------|-------|--------------|
| <table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Name</td> <td style="border-bottom: 1px solid black; width: 30%;">Age</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name</td> <td style="border-bottom: 1px solid black;">Age</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name</td> <td style="border-bottom: 1px solid black;">Age</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name</td> <td style="border-bottom: 1px solid black;">Age</td> </tr> </table> | Name               | Age | Name | Age | Name | Age | Name | Age | <table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Names</td> <td style="border-bottom: 1px solid black; width: 40%;">Relationship</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Names</td> <td style="border-bottom: 1px solid black;">Relationship</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Names</td> <td style="border-bottom: 1px solid black;">Relationship</td> </tr> </table> | Names | Relationship | Names | Relationship | Names | Relationship |
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| Names  | Relationship       |     |      |     |      |     |      |     |  |       |              |       |              |       |              |
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*Mountainside Montessori has a non-discriminatory policy and admits students and employs faculty and staff of all races, color, religions and national origins.*

*Mountainside Montessori considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon receipt of a signed request from a parent or guardian and whose account is in good standing.*



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Parent/ Guardian Signature

Date

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Parent/ Guardian Signature

Date

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Student Applicant

Date

**Please help us to get to know your child better by answering the following questions.**

What are your educational goals for your child? How do you see Mountainside Montessori (MM) facilitating these goals?

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Mountainside provides Montessori programs for Toddler, Primary, Elementary, and Adolescent children. Please circle all the programs in which your family is interested for the long term.

What three words best describe your child's personality?

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How does your family enjoy spending time together?

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How many hours of screen time is your child exposed to each day (includes TV, video games, computers, mobile phones, tablets)?

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What do you see as your child's greatest strengths?

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In what areas would you like to see your child's potential more fully developed?

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Are there any talents, interests, or resources you may wish to share to enhance the MM Community?

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How did you hear about Mountainside Montessori?

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Please enclose a non-refundable fee of \$125 together with this student application form and mail to:

Mountainside Montessori  
4206 Belvoir Road  
Marshall, VA 20115