

# The Aquinas Montessori School

*A Montessori Children's House and Elementary School*

8334 Mount Vernon Highway

Alexandria, VA 22309-1998

www.aquinasmontessorischool.com

(703) 780-8484

fax (703) 360-2875

Applying for School Year

2011-2012

2012-2013

Other \_\_\_\_\_

## APPLICATION FOR PRIMARY ADMISSION

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

### FAMILY INFORMATION

#### Father/Guardian

Name \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Home Telephone (if different from child's) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Cell Phone \_\_\_\_\_

email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Business Telephone \_\_\_\_\_

\_\_\_\_\_

Educational Background \_\_\_\_\_

Religious Preference \_\_\_\_\_

Language spoken at home? \_\_\_\_\_

Child's Physician \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Has the child any physical disability or medical history that would be useful and necessary for us to know?  Yes  No

\_\_\_\_\_

Is the child on any continuous medication?  Yes  No \_\_\_\_\_

Is there any environmental or behavioral history that would be useful in helping to understand the development of the child?

Yes  No \_\_\_\_\_

\_\_\_\_\_

List those in immediate family living at residence, and relationship \_\_\_\_\_

Other children in family \_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Birthdate \_\_\_\_\_

Parents are:  Married  Separated  Divorced  Father Remarried  Mother Remarried  
 Father Deceased  Mother Deceased

Is either parent away from home for long periods of time?  Yes  No \_\_\_\_\_

Does the child have a regular babysitter or day care provider?  Yes  No

\_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What hours? \_\_\_\_\_ Language spoken by this person? \_\_\_\_\_

Does the child feed him/herself?  Yes  No Does the child dress him/herself?  Yes  No

Age the child started to walk \_\_\_\_\_ Age the child started to talk \_\_\_\_\_

Is the child toilet trained?  Yes  No Does the child read?  Yes  No

Does the child write/print?  Yes  No Dominant hand?  Right  Left

Previous schooling \_\_\_\_\_

Tests administered \_\_\_\_\_

Why do you want your child in a Montessori school? \_\_\_\_\_

Please list any hobbies, interest, special abilities, or knowledge that you might like to share with the children at school

Where did you learn about this school? \_\_\_\_\_

How long do you plan to reside in this area? \_\_\_\_\_

What school do you plan for him/her to attend after Aquinas? \_\_\_\_\_

At what level? \_\_\_\_\_

Have you observed (or are you scheduled to observe) a classroom at The Aquinas Montessori School?  Yes  No

Date of observation \_\_\_\_\_

Signature of Parent/Guardian

Date

**Please return this Application Form with a non-refundable Application Fee of \$100.00 to  
The Aquinas Montessori School, 8334 Mt. Vernon Highway, Alexandria, VA 22309-1998**

FOR OFFICE USE ONLY

Date Check Received \_\_\_\_\_ Check Number \_\_\_\_\_ Acknowledgement Sent \_\_\_\_\_ Entered into EZCare  Yes

Date of First Visit \_\_\_\_\_ With Whom \_\_\_\_\_ Date of Admittance \_\_\_\_\_

Birth Place \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Other Form of Proof \_\_\_\_\_ Verified By \_\_\_\_\_ Date \_\_\_\_\_