



MONTESSORI

SCHOOL OF ANDERSON

Educating Joyful Scholars Since 1973

Application for Admission

ADMISSION PROCEDURE:

Middle/High School: Return application form with a \$100.00 nonrefundable application fee.
All other programs: Return application form with a \$50.00 nonrefundable application fee.
Applicants from the same family applying at the same time, need only submit one fee.

If the school is at capacity at the time of application, the child's name will be put on a waiting list and parents will be informed of openings as soon as they become available. The application process is considered complete upon receipt of this document and applicable fee.

FOR OFFICE USE ONLY

Date Rec. _____ Fee Pd. _____
Check # _____ QB _____
Tour Date _____ BB _____
Visitation Date _____

Date of Application _____ Requested Start Date _____

Applicant's Name _____
First Middle Last Name to be Called

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Date of Birth _____ M F Age _____ Current Grade _____ Race _____
(Federal guidelines mandate that we request this information.)

Father's Name _____
Title First Last

Home Address (if different from applicant's) _____ City _____

State _____ Zip _____ Cell Phone _____

Place of Employment _____ Occupation _____

E-mail _____ Business Phone _____

Mother's Name _____
Title First Last

Home Address (if different from applicant's) _____ City _____

State _____ Zip _____ Cell Phone _____

Place of Employment _____ Occupation _____

E-mail _____ Business Phone _____

Sibling _____ Age _____ Grade _____ School _____

Sibling _____ Age _____ Grade _____ School _____

Sibling _____ Age _____ Grade _____ School _____

PLEASE CHECK APPROPRIATE BOXES.

Applicant lives with: Both Parents Mother Father Other (please specify) _____
Parents are: Married Separated/Divorced Custodial parent: _____
 Father is Deceased Mother is Deceased

Check all that apply

- Applicant previously attended MSA
- Father is Alumnus of MSA
- Mother is Alumna of MSA
- Sibling(s) attended MSA
- Applicant or family member attended another Montessori School

Name _____
Location _____

Referred by:

- Faculty/Staff/Administration
- Family Member
- Friend
- Print Communications/Mailings
- Internet/School Website
- Newspaper
- Billboard
- Other _____

PLEASE CHECK APPROPRIATE DAYS AND HOURS NEEDED.

- Infant/Toddler Program (6wk - 3yr)**
 - 3 mornings (8:30 - 11:30)
 - My preference is: MTW WThF
 - 5 mornings (8:30 - 11:30)
 - 3 days (8:30 - 2:30)
 - My preference is: MTW WThF
 - Full Time (8:30 - 2:30)
- Primary Program (3yr - 6yr)**
 - 5 mornings (8:30 - 11:30)
 - Fulltime (8:30 - 2:30)
- Elementary Program (1st - 6th)**
- Middle School (7th - 8th)**
- High School (9th - 12th)**

STUDENT HISTORY *This information will be kept confidential.*

Name of current/last school attended: _____ Phone number: _____

Address of school: _____

Name of Principal/Headmaster: _____ Grades attended: _____

Applicant's special interests or activities: _____

Describe your child's strengths: _____

Describe the areas in which you think your child needs improvement: _____

Why do you believe the Montessori School of Anderson is the right school for your child? _____

Has your child ever been referred to anyone for academic evaluation, testing, tutoring, etc? If yes, please explain.
A copy of the report/evaluation must be provided to the school.

Has your child ever consulted with or been referred to a psychiatrist, psychologist, or psychiatric social worker for professional assistance?
If yes, please explain. A copy of the report/evaluation must be provided to the school.

Has your child been suspended or dismissed from any school? If yes, please explain. A copy of the student's discipline record must be provided to the school.

Does your child have any allergies, medical conditions, or limitations of normal activities of which the school should be aware?
If yes, please specify:

Is your child taking medication on a regular basis? If yes, please specify:

Immunizations are up to date. Yes No

I would like more information regarding your Tuition Assistance Program.
Please refer to the FAST (Financial Aid for School Tuition) link on the bottom of the website.

I understand that the omission of any information or the falsifying of any documents could jeopardize my child's acceptance and/or continued enrollment at MSA. I also understand that it is my responsibility to notify the school of any changes in the information given in this application prior to enrolling my child.

Parent Signature/Legal Guardian

Date