



New Student Application for Admission- Questionnaire

Child's Name _____

How did you hear about SVMS? _____

Previous school(s) / day care(s) attended: _____

Previous school contact name and phone number: _____

How would you describe your child's previous school/day care experiences? _____

Why did you choose SVMS and Montessori education? _____

What are your goals for your child's education while attending SVMS? _____

Please comment on your child's strengths, challenges, special needs, and special interests.

Does your child have any physical impairment or allergies which would, in any way, affect participation in the full range of school activities? Any physical or emotional illness requiring a doctor's care in the last year? Yes _____ No _____

If yes, please provide details:

Does your child have discipline issues either with you and/or with others? _____ If yes, please explain.

Has your child been recommended to receive early childhood intervention services? (Preschool applicants only)

Yes _____ No _____ If yes, please explain: _____

(Turn page over)



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Has your child been recommended for evaluation, been evaluated or identified as having learning differences, developmental or motor delays, visual, auditory or other sensory processing difficulties, behavior or emotional disorders (ADD, ADHD, Autism (ASD), OCD, Asperger's, etc.)? _____

Do you suspect that your child may have any of the above delays or differences? Yes____ No____ If yes, please explain.

Has medication been recommended or been taken by your child to address any of the above diagnoses? Yes____ No____
If yes, please specify the name of medicine and dosage and what your child is currently taking:

If your child has been evaluated by one or more specialists, please list their name(s) and phone number(s).
Name, Title, Phone Number(s)

Has your child (Elementary only) ever been suspended or dismissed for academic, honor, disciplinary or other reasons?
Yes____ No____ If yes, please explain:

Does your child have, or have they had, an IEP? (Individualized Educational Program) Please provide the IEP with the application. _____Yes _____No

If you do not have copy, please make plans to have a copy sent to the school and let the office know.

Is there anything else you would like to tell us? _____

What is your amount of knowledge about Montessori Philosophy? None____ Little____ Some____ A lot____

Preschool Families- What are your goals for your child's education in the future? _____

- Do you intend to complete the 3-year cycle through Kindergarten? Yes____ No____ Uncertain____
- Do you intend to complete the SVMS Elementary program? Yes____ No____ Uncertain____

If no, please elaborate: _____

If uncertain, is there anything we can provide to help your decision process? _____



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All Families-

- Have you observed in a Montessori Elementary Classroom? _____ If not, would you like to? _____
- Do you foresee a future interest in Montessori Middle school at SVMS? Yes____ No____ Uncertain____
- Would you be interested in attending parent education events and/or classes? Yes _____ No_____

ACKNOWLEDGEMENT SIGNATURE:

****Failure to disclose information could result in required withdrawal of your child and forfeiting tuition and fees.***
 Your application for enrollment to Swannanoa Valley Montessori School will be reviewed and you will be notified of the enrollment confirmation. The Tuition Agreement form, with the \$75.00 application fee, and \$200.00 placement deposit are required to secure your placement. The Tuition Agreement and deposit are effective for the current school year only. Re-enrollment forms must be completed each school year to secure your child's placement. If, after begin accepted, a student is found to have special needs that the parent/guardian was unaware and/or SVMS cannot provide for or accommodate successfully, the school may terminate the agreement. In this case, the parent(s) / guardian(s) would be released from their tuition agreement.

I certify that all information that I have provided on this application is accurate and authorize the release of all information from evaluation specialists and previous teachers to the teachers and administrators at Swannanoa Valley Montessori School.

Parent/Guardian Signature _____ Date _____

<p>Office use only Reviewed by: _____ Date: _____</p> <p>Signature: _____ Notes: _____</p>
