



# 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: \_\_\_\_\_

\_\_\_\_\_



# New Student Application for Admission- Questionnaire

---

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.)? \_\_\_\_\_

*\*Any psychological evaluation records are required and should be provided along with this paperwork.*

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 an IEP? Or ever had an IEP? (Individualized Educational Program) \_\_\_ Yes \_\_\_ No  
If yes, please provide a copy of the IEP with this application.

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? \_\_\_\_\_

---



# New Student Application for Admission- Questionnaire

## 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\_\_\_\_\_
  - What parent education topics would you be interested in attending? \_\_\_\_\_

## 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 \$200.00 new student enrollment 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 being accepted, a student is found to have special needs that the parent/guardian was unaware of 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><b>Office use only</b> Reviewed by: _____ Date: _____</p> <p>Signature: _____ Notes: _____</p>
---