



WEST SEATTLE MONTESSORI SCHOOL & ACADEMY

Mindful Leaders. Global Thinkers.
www.westseattlemontessori.com

GW	FT	GP
Received Date: _____		<input type="checkbox"/> VISA
Enrollment Fee		
Received Date: _____		<input type="checkbox"/> VISA

NEW STUDENT APPLICATION (\$150 application fee)

PREFERRED ENTRANCE:

☐ Current School Year ☐ Future School Year, Fall 20____ (September-June)

PROGRAM LEVEL:

Toddler ☐ (12mos. and walking-36 mos.)

Pre-Primary (Potty trained 3yrs-6yrs.) ☐ This will be my child's kindergarten year (age 5 by August 31) ☐ Yes ☐ No

Lower Elementary ☐ 1st ☐ 2nd ☐ 3rd Upper Elementary ☐ 4th ☐ 5th Middle School ☐ 6th ☐ 7th ☐ 8th

STUDENT LEGAL NAME:

(Last)

(First)

(Middle)

(Preferred)

Date of Birth ____/____/____

Age: ____

Gender: ☐ Male ☐ Female ☐ Other _____

STUDENT

GUARDIAN 1: Name _____ ☐ Student lives with

Address _____ Phone 1 _____

City/St/Zip _____ Phone 2 _____

Email Address _____

Occupation _____ Employer Name _____

GUARDIAN 2: Name _____ ☐ Student lives with

Please complete information below if different from above.

Address _____ Phone 1 _____

City/St/Zip _____ Phone 2 _____

Email Address _____

Occupation _____ Employer Name _____

Student's Siblings:

Name	M/F/O	Age	School or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY

Optional Demographic Data:

Your response to the question in this section is optional. We respect your privacy and will use the information for statistical purposes only. We appreciate your responses; they will not be used to discriminate against your family in any way.

☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ White ☐ Hispanic or Latino ☐ Other _____

DEMOGRAPHICS

SCHOOL EXPERIENCE:

Is your child currently enrolled in another school, preschool or daycare? ☐ Yes ☐ No ☐ Montessori

Name: _____ Number of Years Attended _____

Has your child been enrolled in another school, preschool or daycare? ☐ Yes ☐ No ☐ Montessori

School: _____ Number of Years Attended _____

Has your child ever been tested for, or received, special services for a learning strength or challenge?

☐ Yes ☐ No If yes, please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual Processing Disorder | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dysphasia/Aphasia |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> OT | <input type="checkbox"/> Auditory Processing Disorder |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Dysgraphia |
| <input type="checkbox"/> PT | <input type="checkbox"/> Applied Behavioral Analysis | <input type="checkbox"/> Giftedness/Asynchrony |
| <input type="checkbox"/> Dyspraxia | <input type="checkbox"/> Other _____ | |

Does your child have an IEP, 504 plan or other professional recommendation for any of the above?

☐ Yes ☐ No If yes, please include a copy of the report. If no, please explain.

Has your child ever exhibited behavioral concerns at home, daycare or school?

☐ Yes ☐ No If yes, please explain.

What are a few words that come to mind to describe your child?

What are some of your child's strengths?

What are some of your child's challenges and what do you do to help your child through these challenges?

How does your child relate to other children and adults?

Application Information:

I understand that my application will remain active and on file indefinitely until a spot becomes available. I recognize that enrollment is based on availability and that acceptance may occur at a program level beyond the level for which I first applied. Furthermore, I understand that a one-time non-refundable/non-transferable Application Fee of \$150 is due with this application, and that my application will not be considered active until payment has been received and processed.

Payment Information:

Name on Card: _____			
Card #: _____			
Expiration Date: _____	CVC: _____	Zip Code: _____	

ACKNOWLEDGEMENT

I have read and understand the Application Information above. Furthermore, I give permission to West Seattle Montessori School to process a one-time non-refundable/non-transferable Application Fee of \$150, using the Payment Information I provided above, to activate my child's application.

Guardian Signature: _____ **Date:** _____

West Seattle Montessori School & Academy is non-sectarian and non-discriminating. We strive to provide quality education to all children and will work with students and families to the best of our abilities to meet the child's needs as an individual; however, we are not equipped to provide specialized programs for students with significant emotional, behavior, social, or learning challenges.