My cell	WEST SEATTLE MONTESSORI
	SCHOOL & ACADEMY Mindful Leaders. Global Thinkers.
	www.westseattlemontessori.com

☐ Black or African American

GW FT GP		
Received Date:	☐ Check#:	□ VISA
Enrollment Fee		
Received Date:	□ Check#:	□ VISA

	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						
	STUDENT LEGAL NAME:						
	(Last)	(First) (Middle)	(Preferred)				
	Date of Birth// Age:	_ Gender: □ Male □ Female □ Other					
	GUARDIAN 1: Name		🗆 Student lives with				
	Address	Phone 1	□ cell				
	City/St/Zip	Phone 2					
		Employer Name					
	GUARDIAN 2: Name						
	Please complete information below if different from		□ cell				
	Address	Phone 1	□ work				
	City/St/Zip	Phone 2					
	Email Address						
	Occupation	Employer Name					
	Student's Siblings: Name	M/F/O Age School or Occup	ation				
	Optional Demographic Data:						
	Your response to the question in this section statistical purposes only. We appreciate your	n is optional. We respect your privacy and will use our responses; they will not be used to discriminate					
	any way.						

□ White

☐ Hispanic or Latino

□ Other _____

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Guardian Signature:		Date:			
I understand that my application will remain active and on the selected waitlist indefinitely until a spot be available. I also recognize that enrollment is based on availability and acceptance may occur for any leavened the level for which I first applied.					
\square Please invoice me via email. I understand that my application is not active until payment is received.					
☐ Check enclosed.					
I understand that the fee of \$150 that is due with my application is non-refundable/non-transferable.					
ACKNOWLEDGEMENT:					
How does your child relate to other cl	nildren and adults?				
What are some of your child's challer	nges and what do you do to help yo	our child through these challenges?			
What are some of your child's strengt	ns?				
What are a few words that come to mind to describe your child?					
Has your child ever exhibited behavioral concerns at home, daycare or school? □ Yes □ No If yes, please explain.					
Does your child have an IEP, 504 plan or other professional recommendation for any of the above? \square Yes \square No \square If yes, please include a copy of the report. If no, please explain.					
□ Dyspraxia	□ Other				
□PT	☐ Applied Behavioral Analysis	☐ Giftedness/Asynchrony			
□ Dyscalculia	□ ADD/ADHD	□ Dysgraphia			
□ Speech Therapy	ОТ	☐ Auditory Processing Disorder			
☐ Yes☐ NoIf yes, please check of the plant of the plant	all that apply.	□ Dysphasia/Aphasia			
Name: Number of Years Attended Has your child ever been tested for, or received, special services for a learning strength or challenge?					
Name:		Number of Years Attended			
Is your child currently enrolled in anot	her school, preschool or daycare?	□ Yes □ No			
Name:Number of Years Attende					

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.