

SCHOOL EXPERIENCE:

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

Name: _____ Number of Years Attended _____

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

Name: _____ 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?

ACKNOWLEDGEMENT:

I understand that the fee of \$150 that is due with my application is non-refundable/non-transferable.

Check enclosed.

Please invoice me via email. I understand that my application is not active until payment is received.

I understand that my application will remain active and on the selected waitlist indefinitely until a spot becomes available. I also recognize that enrollment is based on availability and acceptance may occur for any level beyond the level for which I first applied.

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.