



WASHINGTON MONTESSORI SCHOOL

240 Litchfield Turnpike, New Preston, CT 06777 (860)868-0551 Fax (860)868-1362

www.washingtonmontessori.org

APPLICATION FOR MIDDLE SCHOOL

RELEASE OF INFORMATION

I hereby give my consent to

(Name of current school)

Address: _____

Phone Number: _____

Fax Number: _____

To release any and all school and health records, including: psychiatric evaluation, psychological evaluations, neurological evaluations and any other pertinent information concerning my child:

(Name of Student)

(Date of Birth)

to:

Enrollment Office
Washington Montessori School
240 Litchfield Turnpike
New Preston, CT 06777-1599

Such information will be used to evaluate the student's needs and plan an appropriate program.

(Print Name)

(Relationship to Student)

Signature _____

Date _____

APPLICANT INFORMATION

Child will begin: month _____ year _____ boy _____ girl _____

Applicant's Full Name _____
First Middle Last Nickname

Home address _____
Street (PO Box)

_____ Town State Zip Code Telephone

Date of Birth: _____ Place of Birth: _____ Applicant's SS# _____

FAMILY INFORMATION

Mother _____
First Last

Address (if different from above) _____
Street Phone

_____ City/State/Zip email

Occupation _____ Work Phone _____

Name & Address of Employer _____

Father _____
First Last

Address (if different from above) _____
Street Phone

_____ City/State/Zip email

Occupation _____ Work Phone _____

Name & Address of Employer _____

Washington Montessori School, fully accredited by the Connecticut Association of Independent Schools, admits students of any race, color, creed, disability, religious preference, national or ethnic origin and does not discriminate on these bases in the administration of its educational programs or admissions policies.

If parents are separated or divorced, please answer the following:

With whom does the child live? _____

Who is the legal guardian? _____

To whom should bills be sent? _____

To whom should mailings be sent? _____

If remarried, stepmother's name _____ stepfather's name _____

Grandparents (for mailings)

Name(s) _____ Name(s) _____

Address _____ Address _____

Siblings (please include names, ages and schools)

How did you become interested in our school? _____

APPLICANT'S HISTORY

Please jot down a few phrases or words that you feel describe your child.

How would you describe your child's learning style? Major strengths and weakness?

Does your child have any special physical, academic, or emotional needs? No Yes
If so, has any psychological or educational testing been done? No Yes Please explain

Previous schools attended

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Is there anything that will prevent your child from meeting the social or academic expectations of WMS?

Please include in the space below any other information which you feel will affect your child's experience at school, as well as your expectations regarding your child's school experience

APPLICATION FEE

Please return this form with the non-refundable application fee of \$50.00 to:

Enrollment Office, Washington Montessori School, 240 Litchfield Turnpike, New Preston, CT 06777.

Please make the check payable to Washington Montessori School.

The undersigned grants Washington Montessori School permission to request and receive information regarding the applicant.

Signature _____

Date _____

RECOMMENDATION

So that we may know your child better, we request comments from the applicant's current or most recent school. When this application is received, we will send you a teacher recommendation form for his or her current teacher to fill out and return to us.

A release form is included on the back page of this application. Please be sure to complete it so that we may request other records as needed to complete the admission file.