Montessori Community School Est. 1985
Salt Lake City, Utah

APPLICATION FOR ADMISSION

2013-2014 Middle School Program
Academic Year

Children are evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the family's philosophy on education is compatible with that of the Montessori Community School. The admissions process consists of this application form, two teacher recommendation forms, a non-refundable application fee of $50, and a parent/guardian tour and interview. Children may be asked to spend time in the classroom prior to acceptance for admission. The contents of this application and all other submitted information will be considered confidential. The Montessori Community School welcomes all qualified individuals regardless of sex, race, color, religion or national /ethnic origin.

Please respond to each item. If an item is not applicable, simply indicate "N/A".

Application Date: _____ Starting Date Requested: _____

Student's First & Last Name _____ ☐ Female ☐ Male
Student's Birth Date _____
Student's Home Address _____
Student's Home Phone Number _____ ***(include zip code)***

Grade Applying For: _____

Desired Program: See tuition schedule for details, be sure to read thoroughly.
☐ Full Year (includes Summer 2014) (August 21, 2013 through August 8, 2014)
☐ School Year (August 21, 2013 through May 30, 2014)

Desired Schedule:
☐ Five School Days (8:30 am to 3:00 pm)
☐ with Extended Day (7:30 am to 6:00 pm)
☐ with Early Morning Care only (7:30 am to 3:00 pm)

Does the applicant have a sibling currently enrolled in the Montessori Community School?
☐ Yes ☐ No If yes, name and class: _____

Parent/Guardian's Name _____
Occupation: _____
Place of Work: _____
Phone: Home _____ Work _____ Cell _____
Email: _____

Parent/Guardian's Name _____
Occupation: _____
Place of Work: _____
Phone: Home _____ Work _____ Cell _____
Email: _____

Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Other _____

Student Lives With: ☐ Mother ☐ Father ☐ Both ☐ Other _____

Names and ages of brothers and sisters and where they attend school:

_____

_____

_____

STUDENT PERSONAL HISTORY AND INFORMATION
(to be filled out by parent/guardian)

What is your experience with Montessori Education?

_____

_____

_____

_____

_____

How did you learn about the Montessori Community School?
☐ Word of mouth. If a friend or relative recommended our school to you, please list their name so we can thank them

_____

☐ Google ☐ Yahoo ☐ Bing ☐ Facebook
☐ Utah Family Magazine
☐ Driving by
☐ Open house flyer
☐ Other _____

List all schools previously attended and dates of attendance for each school:

_____

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How long do you anticipate keeping your child enrolled in our School?

_____

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Briefly describe your child's present school experience. Please include information about your child's academic abilities, achievements, motivations and social development.

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What educational goals do you have for your child?

How do you see the Montessori Community School assisting you in meeting these goals?

How would you describe your child's personality and learning style?

What do you consider to be your child's strengths?

In which areas do you feel support is needed?

What do you feel is most important about your child's social development?

How do you see your child in his/her social development?

Describe any special educational, physical or emotional needs of your child:

_____
_____
_____
_____
_____

Has your child ever received any psychological or educational testing beyond the typical school administered tests?
No Yes (If yes, please fill out below)

Type of evaluation:

Intelligence or Psychological	Testing Source _____
Educational/Learning Disability	Testing Source _____
ADD/ADHD	Testing Source _____
Other	Testing Source _____

Please describe results and attach testing:

_____
_____
_____
_____
_____

Is your child currently receiving or has your child ever received academic or behavioral special education services? If yes, please explain and attach copies of relevant documents.

_____
_____
_____
_____
_____

How does your family enjoy spending time together?

_____
_____
_____

What techniques do you use to discipline your child?

_____
_____
_____

What are your child's school-related interests and activities?

_____
_____
_____

Does your child have any hobbies, sports, special interests or talents?

_____

_____

_____

What are your child's household chores, duties, or other family responsibilities?

_____

_____

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As a member of our school community, what talents, interests, and/or resources can you share to enhance our Montessori School community?

_____

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Write a brief paragraph about your child including any information that you feel would help us understand your child better. Please feel free to attach an additional page.

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Signature _____ Date _____

A Non-Refundable Application Fee of $50 must accompany this application.

TEACHER RECOMMENDATION FORM
2013-2014 Middle School Program
Academic Year

Today's Date _____
Student's Name _____ Birth Date _____
Current Grade Level _____ Current School _____
Teacher Name _____

Parents: After you have completed the lines above, please give this form and a stamped envelope, addressed to the Montessori Community School, to your child's current teacher. This form must be mailed or faxed to the school by the classroom teacher to ensure confidential and honest responses.

To the Teacher: The above named student is being considered for admission to the Montessori Community School. Your comments and evaluation of the student will be helpful to us in reaching a decision and will be reviewed with full awareness that students are constantly changing and developing. We greatly appreciate your helping the applicant by supplying the information requested. Please note that the information you submit will be considered confidential and will not become part of the student's permanent school records. Please return the completed form in the enclosed envelope or fax to 801-355-7177. If you would like to attach additional information, please feel free to do so. If you have any questions, please contact us at 355-1555. Thank You.

How long have you known the applicant? _____

In what grade(s) and subject(s) have you taught him/her? Comments concerning writing ability, math skills and other skills relevant to your subject area would be helpful.

_____
_____
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Are you aware of any special needs, including medical, of this student and/or family?

_____
_____
_____

Please complete the checklist on the next page.

Please rate the skills and behaviors below based upon your experience with this student:

	Notable Concern		Age Appropriate		Strong
Effort/drive	1	2	3	4	5
Study habits	1	2	3	4	5
Ability to work in a group	1	2	3	4	5
Ability to work alone	1	2	3	4	5
Participation in discussion	1	2	3	4	5
Reading ability	1	2	3	4	5
Written expression/content	1	2	3	4	5
Written expression/mechanics	1	2	3	4	5
Ability to express ideas orally	1	2	3	4	5
Number/math skills	1	2	3	4	5
Problem solving skills	1	2	3	4	5
Critical/abstract thinking	1	2	3	4	5
Use of time	1	2	3	4	5
Follows directions	1	2	3	4	5
Attention span	1	2	3	4	5
Consideration of others	1	2	3	4	5
Social adjustment with peers	1	2	3	4	5
Leadership potential	1	2	3	4	5
Initiative/self starts	1	2	3	4	5
Classroom conduct	1	2	3	4	5
Self confidence	1	2	3	4	5
Personality	1	2	3	4	5
Physical development	1	2	3	4	5
Seeks attention & help appropriately	1	2	3	4	5
Fulfills responsibilities	1	2	3	4	5
Support/involvement of parents	1	2	3	4	5
Maturity in terms of age/grade	1	2	3	4	5

Please provide any additional comments, concerns, issues or strengths that should be considered in this child's school placement:

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Signature _____ Date _____

Name (printed) _____ Phone Number _____

ADULT LEADER RECOMMENDATION FORM
2013-2014 Middle School Program
Academic Year

Today's Date _____
Student's Name _____ Birth Date _____
Current Grade Level _____ Current School _____
Teacher Name _____

To the Parents: After you have completed the lines above, please give this form and a stamped envelope, addressed to the Montessori Community School, to an adult leader that has worked with your child in an extracurricular capacity (i.e. a coach, music teacher, scout leader, church leader, etc.) This form must be mailed or faxed to the school by the adult leader to ensure confidential and honest responses.

To the Adult Leader: The above named student is being considered for admission to the Montessori Community School. Your comments and evaluation of the student will be helpful to us in reaching a decision and will be reviewed with full awareness that students are constantly changing and developing. We greatly appreciate your helping the applicant by supplying the information requested. Please note that the information you submit will be considered confidential and will not become part of the student's permanent school records. Please return the completed form in the enclosed envelope or fax to 801-355-7177. If you would like to attach additional information, please feel free to do so. If you have any questions, please contact us at 355-1555. Thank You.

How long have you known the applicant? _____

In what capacity have you worked with him/her?
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Are you aware of any special needs, including medical, of this student and/or family?
_____
_____
_____

Please complete the checklist on the next page.

Please rate the skills and behaviors below based upon your experience with this student:

	Notable Concern		Age Appropriate		Strong
Effort/drive	1	2	3	4	5
Ability to work in a group	1	2	3	4	5
Ability to work alone	1	2	3	4	5
Participation in discussion	1	2	3	4	5
Ability to express ideas orally	1	2	3	4	5
Problem solving skills	1	2	3	4	5
Critical/abstract thinking	1	2	3	4	5
Use of time	1	2	3	4	5
Follows directions	1	2	3	4	5
Attention span	1	2	3	4	5
Consideration of others	1	2	3	4	5
Social adjustment with peers	1	2	3	4	5
Leadership potential	1	2	3	4	5
Initiative/self starts	1	2	3	4	5
Self confidence	1	2	3	4	5
Seeks attention & help appropriately	1	2	3	4	5
Fulfills responsibilities	1	2	3	4	5
Support/involvement of parents	1	2	3	4	5
Maturity in terms of age/grade	1	2	3	4	5

Please provide any additional comments, concerns, issues or strengths that should be considered in this child's school placement:

_____

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Signature _____ Date _____

Name (printed) _____ Phone Number _____