Montessori Community School Est. 1985
Salt Lake City, Utah

APPLICATION FOR ADMISSION
Elementary Program (Lower Ele. 1st – 3rd Grade, Upper Ele. 4th – 6th Grade)
2014 - 2015 School Year and Full 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, 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. Montessori Community School welcomes all qualified individuals regardless of sex, race, color, religion or national /ethnic origin.

Upon acceptance, you will be required to pay a $600 non-refundable annual commitment fee. $400 of this fee will be applied towards the annual tuition; $200 is a general administrative fee. Early withdrawal will result in the forfeiture of the entire $600.

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

Application Date _____ **Start Date Requested** _____
First Day Summer Camp, June 8, 2014 _____
First Day School Year, August 20, 2014 _____

Student's First & Last Name _____Female ____ Male ____
Student's Birth Date _____
Student's Home Address (include Zip Code)_____
Student's Home Phone Number _____

Grade Applying For: _____

Check the requested program: See tuition schedule for details.
____ Full Year (including Summer 2014) (August 20, 2014 through August 7, 2015)
____ School Year (August 20, 2014 through May 28, 2015)
*** The above options do not include Winter Camp, Spring Camp, or Interim Camps.**

Check requested schedule:
Five Day Options:
____ School Days (8:30 am to 3:00 pm)
_____with Early Morning (7:30 am to 3:00 pm)
_____with Afternoon (8:30 am to 6:00 pm)
____ with Extended Day (7:30 am – 6:00 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 ☐

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/ Referral. If a friend or relative recommended our school to you, please list their name so we can thank them. _____
- ☐ Printed Publication
- ☐ Online/ Search Engine _____
- ☐ Other: _____

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

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

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

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?

_____

_____

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

_____

_____

_____

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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Tuition:
Should my child be accepted, I will hereby choose and agree to the following payment option for tuition due:

Tuition: I hereby choose and agree to the following payment option for tuition due:

□ Option 1: I will pay the annual tuition due directly to the Montessori Community School, on or before July 20, 2014. I will receive a 3% discount if paid in full by July 20, 2014. If my child does not complete the entire school year, this discount is forfeited. I understand that I have the option to have FACTS automatically withdraw payment or I may submit a check to the Administrative Office by July 20, 2014.

□ Option 2: I will pay the annual tuition due directly to the Montessori Community School, in two equal installments, the first payment due on or before July 20, 2014; the second payment due on or before December 20, 2014. I will receive a 1.5% discount with this option. If my child does not complete the entire school year, this discount is forfeited. I understand that I have the option to have FACTS automatically withdraw payments or I may submit a check to the Administrative Office by July 20, 2014 and December 20, 2014.

□ Option 3: I will pay the annual tuition due in monthly installment payments, and I will be required to enroll with FACTS Tuition Management Company. FACTS charges a $41 annual enrollment fee which is non-refundable. Upon receipt of my agreement, FACTS will automatically deduct this fee from my designated bank account. They will then automatically withdraw equal monthly tuition installments on the 20th of each month, with the first installment paid in July and the final payment in April if enrolled for school year or June if enrolled for full year.

□ Please check here to indicate if you plan to apply for tuition assistance. To apply, go to factstuitionaid.com and click on Applicant Sign In to either create an account or log in. Please note that our school listing is listed as Educational Alternatives Montessori School.

Teacher Development Fee: I hereby agree to pay the annual non-refundable $75 Teacher Development Fee. This fee will be automatically withdrawn via FACTS Tuition Management.

□ I authorize FACTS Tuition Management to withdraw this fee along with my July 20th tuition payment.

Field Trip/ Activity Fee: I hereby agree to pay the annual non-refundable $200 Field Trip and Activity Fee. This fee will be automatically withdrawn via FACTS Tuition Management.

□ I have selected Tuition Payment Option 1 or Option 2 and authorize FACTS to withdraw the $200 Fee on July 20th along with my tuition payment.

□ I have selected Payment Option 3 and I authorize FACTS to withdraw the $200 on July 20th along with my first tuition payment.

□ I have selected Payment Option 3 and I authorize FACTS to withdraw the $200 Fee in equal monthly installments along with my monthly tuition amount.

If choosing Option 1 or Option 2, and do not wish to utilize FACTS, check here: ☐
(Payments will be made directly to the Administrative Office)

Withdrawal Policies:
All withdrawals must be submitted to the Administrative Office in writing. Any early withdrawal will result in the forfeiture of the entire $600 commitment fee.
If you withdraw your child:

* between July 21, 2014 and August 21, 2014, you will be responsible for payment of 30 days of tuition, in addition to the forfeiture of the $600 non-refundable commitment fee.
* between August 22, 2014, and November 30, 2014, you will be responsible for 50% of the school year tuition.
* after December 1, 2014, you will be responsible for 100% of the school year tuition.
* after January 31, 2015, you will be responsible for 100% of the school year tuition plus summer tuition if you chose the full year option.

Missed or Sick Days – The classroom is prepared to accommodate your child, and their space is reserved. We do not credit days or money for missed days due to vacations or illnesses.

Parent Participation – A minimum of ten (10) hours of service per child are required each year. Parents are responsible for recording hours served on their family log sheet. In addition to the sign up sheets available at your child's classroom back to school night, we invite you to share your hobbies or skills, your ethnic customs and celebrations, travels in different countries. We welcome parents' professional expertise (i.e. medical career, firefighter) inside the classroom by providing a class presentation. Our PSA also has committees you may sign up to help with. Participation hours can also include cleaning, helping with laundry, working in the gardens, chaperoning on field trips etc. Family log sheets are due May 1st, 2015. Families will be billed $20 per hour for all participation hours not completed. We really prefer, however, that the participation hours be satisfied as we feel that your involvement in your child's school is most beneficial.

I, the undersigned, hereby request the Montessori Community School to enroll the above named student and agree to pay the annual tuition and any additional charges incurred. It is agreed that:

1. You do hereby authorize the staff of the Montessori Community School and any professional consultants retained or employed by the Montessori Community School to utilize all medical, psychological and other information coming to them concerning the condition of my child for the benefit of my child and as circumstances warrant in the discretion of the Montessori Community School. Except in such circumstances, all such information shall be kept confidential in compliance with the Utah Family Educational Rights and Privacy Act and the Federal Family Education Rights and Privacy Act.
2. You do hereby release, discharge and hold harmless the Montessori Community School and all of its agents and employees from, and agree to indemnify them and each of them against all action, claims, and demands of every kind and nature whatsoever pertaining to any physical, mental or emotional injury, condition, disability, infirmity, or impairment of my child, except for such claims as arise from gross negligence, willful, wanton or intentional

conduct or misconduct of the Montessori Community School, its agents or employees. This indemnification shall survive my child's enrollment and attendance at the Montessori Community School.

3. In the event it is necessary for the Montessori Community School to obtain an attorney to enforce the terms of this Agreement, whether with or without suit, the undersigned agrees to pay all costs and expenses of collection associated with such collection.

I have read and agreed to the above.

Signature of
Mother/Guardian_____Date_____
Signature of
Father/Guardian_____Date_____

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

Montessori Community School Est. 1985
Salt Lake City, Utah

ADULT LEADER RECOMMENDATION FORM
Elementary Program
2014-2015 Academic Year

Today's Date _____
Student's Name _____ Birth Date _____

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?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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:

_____

_____

_____

_____

Signature _____ Date _____

Name (printed) _____ Phone Number _____

Montessori Community School Est. 1985
Salt Lake City, Utah

TEACHER RECOMMENDATION FORM
Elementary Program
2014-2015 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.
_____
_____
_____
_____
_____
_____
_____

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

Please complete the checklist on the reverse side.

www.montessorislc.com • 2416 East 1700 South Salt Lake City, UT 84108
Phone (801) 355-1555 • Fax (801) 355-7177 • Email info@montessorislc.com

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:

_____

_____

_____

_____

Signature _____ Date _____

Name (printed) _____ Phone Number _____