



SHIR HASHIRIM

MONTESSORI SCHOOL

PRIMARY PROGRAM

Admission Process Forms

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*Please return this application along with a \$200.00 non refundable fee.
For identification purposes, please attach a family snapshot.*

Application for: Fall Summer Today's date _____

CHILD'S NAME _____

Date of birth _____ Male Female

Address _____

City _____ Zip Code _____

Home phone _____ Mobile _____

E-mail _____

FAMILY INFORMATION

Parent #1 _____

E-mail _____ Work phone _____

Name of firm / company _____ Position _____

Nature of business _____ Number of years _____

Business address _____

Processed *Charged* *Approved* *Notified* *Enrolled*

Parent #2 _____

E-mail _____ Work phone _____

Name of firm / company _____ Position _____

Nature of business _____ Number of years _____

Business address _____

SIBLINGS

Name _____ Age _____ School _____

How did you learn about our school? _____

FURTHER INFORMATION

PREVIOUS SCHOOLS (List starting with most current school)

School _____ Years _____ Teacher _____

Phone _____

School _____ Years _____ Teacher _____

Phone _____

School _____ Years _____ Teacher _____

Phone _____

HEALTH INFORMATION

Check one, if other than "good" please attach explanation.

- Good Minor problems (allergies, injuries) Major problems (chronic illness or ongoing treatment)

Has your child received , or is he/she now receiving, special tutoring, counseling or therapy?

- No Yes *If yes, please list name of specialist, nature or concern and dates of*

Service _____

Name _____ Specialty _____

Date of service _____

Service _____

Name _____ Specialty _____

Date of service _____

Service _____

Name _____ Specialty _____

Date of service _____

PARENT PARTICIPATION

Active parent involvement provides a model for service and citizenship in the broader community. Please indicate the ways in which you are willing to participate in the life of Montessori Shir-Hashirim.

At Montessori Shir-Hashirim we produce 3 yearly productions. Please let us know if you are able to participate in the following:

- Program Design
- Stage Design
- Filming
- Editing
- Sound Installation
- Make-up Design
- Costume Design
- Photography
- Annual school picnic planning and coordination
- Occasional Volunteering as needed

What other schools are you applying to? _____

Signature of parent or guardian

QUESTIONNAIRE

To help us better understand the needs of your child and your family please take the time to answer the following questions and submit them with your application.

a) Please list your child's previous childcare or other activities since birth:

b) How does your family enjoy spending time together?

c) How do you discipline your child?

d) What delights you most of your kid?

e) What is the greatest challenge with your kid?

f) Do you have any experience with The Montessori approach?

g) What expectations do you have from the school?

h) Specify any special educational, physical or emotional needs of your child.

i) Anything else that you would like to let us know?
