

APPLICATION FOR ADMISSION

APPLICANT INFORMATION:

Name of Child: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Date of Birth: _____ Child's Sex on Birth Certificate: _____ Gender Identity: _____

Primary Language: _____ Other Language(s) Spoken: _____

Ethnicity (optional): _____

FAMILY INFORMATION:

Parent/Guardian I	Parent/Guardian II
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Place of Employment/Occupation: _____	Place of Employment/Occupation: _____
_____	_____
Job Title: _____	Job Title: _____

Check Which Applies: Parents Together Parents Separated Parents Divorced Single Parent

With whom is child living? _____ Who is legal guardian? _____

Is the child regularly cared for by anyone other than parents? Y/N If so, by whom? _____

Other Children in Family:

Name: _____	Date of Birth: _____	School: _____
Name: _____	Date of Birth: _____	School: _____

LEVEL APPLYING FOR:

Applying for Academic Year: 2016-2017 2017-2018 2018-2019

EARLY CHILDHOOD CAMPUS (PRE/PRE-K/K) -- BERKELEY:

5 Days per week 4 Days per week (Fridays off)

Half Day (9:00 am - 12:30 pm) Full Day (9:00 am - 3:00 pm)

Do you anticipate needing before or after school care? Yes No

Before School (8:00 am - 9:00 am) After School (3:00 pm - 6:00 pm)

ELEMENTARY/MIDDLE SCHOOL CAMPUS (KT-8) -- EL CERRITO:

Kindergarten Transition (4.5 - 6 yrs) Lower Elementary (6 - 9 yrs)

Upper Elementary (9 - 12 yrs) Middle School (12 - 14 yrs)

Do you anticipate needing before or after school care? Yes No

Before School (8:00 am - 9:00 am) After School (3:00 pm - 6:00 pm)

OTHER SCHOOL(S) ATTENDED BY APPLICANT (INCLUDING CURRENT SCHOOL):

Name Address Program or Grade(s) / Date(s)

What grade is your child in currently? (If applicable) _____

PRESCHOOL APPLICANTS ONLY:

Is your child toilet trained? Yes No (Please note: children must be toilet trained when beginning school at MFS.)

Nap? Yes No Usual nap length: _____

FINANCIAL AID INFORMATION:

Tuition assistance is awarded to families based on financial need. Financial aid amounts are determined in a process separate from admissions. Please indicate below if you wish to apply.

Who is financially responsible for this applicant? _____

Do you intend to seek Financial Aid assistance? Yes No

OTHER INFORMATION:

Name of relatives or friends who have attended MFS: _____

How did you hear about MFS? Print Ad Berkeley Parent Network MFS Web Site

Word of Mouth MFS Parent/Staff Internet Search

Other: _____

Please return this application and your non-refundable \$75.00 application fee. Check should be made payable to Montessori Family School.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Montessori Family School is committed to fostering diversity and modeling respect and inclusivity, while working to eliminate discrimination and inequity. We believe diversity makes our staff and community stronger. We are committed to admissions and educational practices that ensure that students are provided equal opportunities without regard to race, religion, ethnicity, color, national origin, cultural heritage, gender, gender identity, gender expression, sexual orientation, physical ability, medical condition, family structure, or any other factor that is not related to the student's ability to thrive at Montessori Family School.

OFFICE USE ONLY: Date Applied _____ Fee Received _____ Check # _____

Student Visit Date/Time _____ Class _____

Required Second Visit

Accepted WL Not Accepted

PARENT QUESTIONNAIRE

At MFS we believe each individual has unique characteristics and can offer their diverse talents to our community. Please help us to get to know your child by filling out this questionnaire.

1. Why are you applying to MFS? If your child is transferring from another school, please let us know the reason for your transfer.
2. Why do you think MFS would be a good match for your child and your family? What draws you to our philosophy? Has your family had any experience with either Montessori or other progressive education programs?
3. Please comment on your child's greatest strengths and challenges as both a student and a person.
4. Does your child have any responsibilities at home? Please explain.
5. In what ways do you hope to become involved in the MFS community? Do you have particular skills or talents (web design, gardening, fundraising, etc.) that you would be willing to share?
6. Please share any information that will help us better know your child; this might include health, learning differences, tutoring, accelerated programs, family circumstances.

PARENT QUESTIONNAIRE

(Questions 7 - 13 are for preschool parents only)

- 7. Describe your child's temperament. What are your child's favorite activities?

- 8. Describe a significant milestone that your child has met within the last six months.

- 9. How many hours does your child sleep within a 24 hour period? Please include details regarding napping.

- 10. What are your child's eating habits?

- 11. How does your child express his/her needs and feelings?

- 12. Is your child toilet trained? Does your child use the toilet independently? If not what are you doing regarding toilet learning?

- 13. What are your child's previous group experiences with siblings, playgroups or in school settings?

Parent signature: _____ Date: _____