

Application for Admission

133 North 8th St, Brooklyn, NY 11249
 Telephone 646.660.2807
 WWW.MSLAMMONTESSORI.COM

ATTACH
 RECENT PHOTO
 OF YOUR CHILD
 HERE
(optional)

We are applying for admission to the following program:

Half Day 8 - 11:30 AM

Half Day 2 - 6:00 PM

Full Day 8 - 3 PM

Full Day 11:30AM - 6 PM

After School 3 - 6 PM

We are applying to start:

Fall of _____

Summer of _____

As soon as possible

Name of Student _____

Prefer to be called _____ Male Female

Date of Birth _____ Current Age _____

Student's Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

School District your family resides in _____

Name of Parent/Guardian _____

Parent's Home Address same as student

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____

Occupation _____ Title _____

Employer _____

Employer Address _____

Business Phone (_____) _____

Email Address _____

Name of Parent/Guardian _____

Parent's Home Address same as student

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____

Occupation _____ Title _____

Employer _____

Employer Address _____

Business Phone (_____) _____

Email Address _____

Parents/Guardians are (circle one):

Married Separated Divorced Single Parent Domestic Partners

Who is the legal guardian? _____

Who is financially responsible for child's tuition? _____

Name and address to be used for billing _____

City _____ State _____ Zip _____

Please list the names and relationship of all parents and/or significant adult family members living with the child.

SIBLINGS

Name	Date of Birth	School and Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandparents, family members, or significant friends you would like added to Ms. Lam Montessori mailing list.

Name _____

Relationship to applicant _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

EmailAddress _____

Name _____

Relationship to applicant _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

EmailAddress _____

Student Information

Primary Language _____

Other Language(s) Spoken _____

What attracted you to Montessori education? Why have you chosen to apply to Ms. Lam Montessori School?

What are some of the activities your family enjoys doing together?

Please share any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

Are there any assessments, reports, or documentation regarding this child that we should know about? Yes No

If yes, please explain _____

Is your child taking any medication? Yes No

If yes, please list medication _____

Previous school(s) attended, with dates of attendance.

How many hours of TV does your child watch per day/week? _____

Have any family members attended a Montessori school? Please list who, where, and when.

The Admissions Process

1. PARENT VISIT AND OBSERVATION

Parents must tour the school and meet with the Educational Director and/or Director. This allows prospective parents and the school representative to become acquainted with each other and to share pertinent information ensuring a good match between the family and Ms. Lam Montessori.

2. APPLICATION

Parents are encouraged to submit a completed application form accompanied by a \$75.00 nonrefundable application fee as promptly as possible after the school tour.

3. ADMISSION DECISION

Ms. Lam Montessori School will e-mail admission decision information to parents. Payment of non-refundable tuition deposit of \$2,300.00 and submission of a signed enrollment contract confirms acceptance of placement in the program. **No student is considered enrolled in the school until the deposits and contracts are received.** The admission offer by Ms. Lam Montessori School is valid for two weeks from the date of the offer of admission. Applicants declining enrollment are required to reapply for subsequent years.

Agreement is made to pay tuition in full using one of two payment choices (full academic year or by semester) as described in the enrollment contract.

If the school has full enrollment, a waiting list is established from applications on file. As space becomes available, the Director of Admissions will notify parents and proceeds to the next step of the enrollment process.

I hereby apply for admission of my child, _____, to Ms. Lam Montessori School for the _____ – _____ academic year. I have enclosed the \$75.00 application fee.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Ms. Lam Montessori School admits students of any race, color, creed, national or ethnic origin, or gender to all rights, privileges, and activities available to students at the school and does not discriminate on the basis of race, color, creed, national or ethnic origin, or gender in its admission policies. In that spirit we strive to help all children attain the highest level of their abilities. Ms. Lam Montessori School seeks to maintain a student body consisting of children who will flourish in a peaceful Montessori environment and add to the joyful spirit of the community.

FOR OFFICE USE ONLY

Date Application Submitted _____ Check Number _____ PV _____ TR _____

CV _____ TR _____ MLMS Dec. _____ App. Dec. _____