To honor each child’s individuality, creativity, and intellectual potential through an enriched Montessori education program.
**School**____________________________________ Telephone Number________________________

**Address___________________________________________________________________________

(Street)   (City)   (State)   (Zip)

Please list all schools previously attended:

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>Year/Grade</th>
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Please list names, schools and ages of siblings:

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<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Age</th>
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Has the parent/applicant visited BMFS while in session? ____________

If not, please call to schedule a visit. (If yes, please give date)

Please list special interests/hobbies of the applicant:

________________________________________________________________________

Please list special interests/hobbies of the parents:

________________________________________________________________________

References: Please list two people who you feel best know the strengths, personality and learning style of your child; we will be writing them for references.

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Telephone</th>
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How did you first hear about BMFS? ________________________________

Signature of Parent/Guardian_______________________________________ Date___________

Please mail this completed application to: Brixham Montessori Friends School
18 Brickyard Court
York, ME 03909

Please include a non-refundable application fee of $50.00
RELEASE FORM

Name of Student____________________________________________________ Grade_____

I, ___________________________________________________________ grant permission to
   (signature of parent)

______________________________________________________________________________________
   (Name of School)         (Address)

______________________________________________________________________________________
   (City, State)         (Zip)

to forward a copy of the following records concerning__________________________
   (Student Name)

to:  Brixham Montessori Friends School
     18 Brickyard Court
     York, ME 03909

COPIES OF RECORDS

This release is for admission purposes. Please send copies of grades (including this year to date) and any recent
standardized testing and any quarter and mid-term testing. Please include any diagnostic educational and
psychological testing completed in the last three years.

Signature of Parent/Guardian__________________________ Date_________________

This request is in compliance with Public Law 93-380 where school officials are requested to treat all information
with strict confidentiality.

Brixham Montessori Friends School is a not-for-profit corporation and admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Brixham Montessori Friends School does not discriminate on the basis of race in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

Please complete the essay on the back page.
Please use this page to write a short essay explaining your reasons for applying to BMFS and any goals you have for your child.