

Clever Oaks Montessori School

a foundation to excel



Application for Admission 2026 - 2027

Please make your selections:

Program(s):

<input type="checkbox"/> Early Drop-Off (7:00 a.m. - 7:50 a.m.)	<input type="checkbox"/> Primary	<input type="checkbox"/> Lower / Upper Elementary
<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> VPK-Wrap <input type="checkbox"/> VPK-Only (8:30 a.m. - 11:30 a.m.)	<input type="checkbox"/> Full-Time (until 3:00p.m.)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Full-Time + Extended	<input type="checkbox"/> Full-Time (until 3:00 p.m.)	<input type="checkbox"/> Aftercare
<input type="checkbox"/> Part-Time <input type="checkbox"/> 5-Days <input type="checkbox"/> 3-Days	<input type="checkbox"/> Part-Time <input type="checkbox"/> 5-Days to Noon <input type="checkbox"/> 3-Days to 3 p.m.	
<input type="checkbox"/> Part-Time <input type="checkbox"/> 5-Days <input type="checkbox"/> 3-Days	<input type="checkbox"/> Aftercare	

Directions: Please complete sections I-IV of this Application and be sure to avoid leaving blanks by indicating N/A (not-applicable) where appropriate. Thank you for your interest in Clever Oaks Montessori School.

I. FAMILY INFORMATION

Child's Name: _____ Date of Birth: _____

Home Address: _____ Gender: _____

_____ Entering Grade: _____

City/Zip: _____

Parent 1/Legal Guardian (s)

Name: _____ Relationship: _____

Address (if different): _____ City/Zip: _____

Email: _____ Cell #: _____

Employer: _____ Work #: _____

Parent 2/Legal Guardian (s)

Name: _____ Relationship: _____

Address (if different): _____ City/Zip: _____

Email: _____ Cell #: _____

Employer: _____ Work #: _____

Scholarships

Does your family have Step-Up for Students Scholarship? _____ Award Id: _____ Amount: _____

Does your family have VPK Voucher? _____ FTC / EO / UA

Does your family have AAA Scholarship? _____

II. STUDENT ENTRANCE INFORMATION

Please be accurate concerning all items presented below, as Clever Oaks Montessori School reserves the right to contact Previous schools to independently verify all responses.

Last School

Attended : _____

School Telephone No. : _____

Address: _____

Grade Completed: _____

Date Completed: _____

City/Zip: _____

Please attach a complete copy of your child's last report card/ standard testing/ VPK testing results (if applicable)

- Has your child undergone any visual, hearing, I.Q. or other educational assessment during the past two years? YES / NO

If yes, please describe: _____

Date of Last Eye Exam: _____

Date of Last Ear Exam: _____

- Has your child spent more than one year in a grade? YES / NO If yes, what grade? _____

- Has your child participated in a gifted or accelerated program? YES / NO If yes, what grade? _____

- Has your child received any special services such as tutoring? YES / NO If yes, what subject (s)? _____

- Has your child had a psychological evaluation for academic or behavioral concerns? YES / NO

If yes, what type of evaluation? _____

- Has your child previously had any of the following assessments completed or recommended by a professional:

Educational YES/NO Speech & Language YES/NO

Psychological YES/NO Neurological YES/NO

If yes, please describe: _____

- Has your child received Physical Therapy? YES / NO

- Has the student ever been the subject to major disciplinary action (suspension or dismissal) in any schools? YES / NO

If yes, please describe: _____

- Please describe any special academic or social circumstances that may have affected your child's school experience in the past or may
may do so in the future. _____

- What are your child's academic strengths, weaknesses? _____

At Clever Oaks Montessori School we strive to meet the intellectual, social, physical and emotional needs of each child. However, the Montessori program, in general, is not always suited for every child. Additionally, our program may not be designed for children who have specific difficulties i.e. learning difficulties, medical needs, emotional needs, emotional issues or psychological problems, as we do not have the necessary resources available, nor are our Montessori teachers trained in these areas. For this reason, we are not always able to meet the needs of each child. We rely on parents being truthful and transparent about their child's needs to avoid committing a disservice to a child who may need additional help that is beyond our reach. PLEASE INITIAL THAT YOU READ ABOVE: _____

III. MEDICAL INFORMATION

Child's/Family Doctor: _____ Phone #: _____

Child's Health Insurance Carrier: _____ Phone #: _____

Policy/Group #: _____

Allergies: _____ EpiPen: YES/NO

Ailments/Asthma: _____

Medications (type): _____

IV. EMERGENCY CONTACTS & PICK-UP / RELEASE

In the event of an accident, illness, or emergency, the School will make every effort to contact you as soon as possible. If we are unable to reach you, please list – in order – any others we should try to contact regarding your child's well-being.

#1 Name: _____ Emergency Cell #: _____
 Pick-up Relation: _____

#2 Name: _____ Emergency Cell #: _____
 Pick-up Relation: _____

#3 Name: _____ Emergency Cell #: _____
 Pick-up Relation: _____

#4 Name: _____ Emergency Cell#: _____
 Pick-up Relation: _____

Submission of this application does not guarantee enrollment. All applications will be reviewed to determine eligibility. Applicants may be invited for a second interview or meeting as part of the review process. Final decisions will be communicated once the review is complete.

Parent/Legal Guardian: My signature below indicates that the information given on this Application for Admission is truthful and accurate to the best of my knowledge.

Print Name: _____ Date: _____

Signature: _____