

# Clever Oaks Montessori School

a foundation to excel



**Program**

- Pre-Primary  
 Full-Time     Full-Time + Extended  
 Part-Time     5-day     3-days

- Primary     Full-Time  
 Part-Time     5-days     3-days  
 VPK-Wrap     VPK-Only

- Aftercare

- Elementary     Aftercare

## Application for Admission

### 2024 - 2025

**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: \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

Does your family have HOPE Scholarship? \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_