

Clever Oaks Montessori School

a foundation to excel



- Full-Time Part-Time
 5-days 3-days
 VPK-Wrap VPK-Only
 Elementary
 Aftercare:

Application for Admission

2022 - 2023

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 _____
_____ Home # _____

Custodial Parent(s) / Legal Guardian(s):

Parent's Name _____ Cell # _____
Relationship _____ Email _____
Employer _____ Work # _____

Parent's Name _____ Cell # _____
Relationship _____ Email _____
Employer _____ Work # _____

If separated, please provide complete information for the secondary household below:

Full Name _____ Cell # _____
Home Address _____ Home # _____
_____ Email _____

Person who will be remitting Student's Tuition and Fees (if other than parent or guardian):

Full Name _____ Cell # _____
Home Address _____ Home # _____
_____ Email _____

III. MEDICAL INFORMATION

Child's/Family Doctor _____ Phone # _____

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: _____

School Address:

Head of School / Principal / Counselor: _____

Please List the last three (3) schools attended by the student

<u>School</u>	<u>City & State</u>	<u>Dates of Attendance or Grades Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If YES, please describe:

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?

Is your child taking medication(s)? YES / NO If yes, what type of medication? _____

Have school personnel recommended that your child have any of the following assessments:

) Educational: YES / NO

) Psychological: YES / NO

) Speech & Language: YES / NO

) Neurological: YES / NO

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:

Has the applicant previously attended Clever Oaks Montessori School? YES / NO If yes, when? _____

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

Child's/Family Dentist _____ Phone # _____

Child's Health Insurance Carrier _____

Policy/Group # _____

Hospital of Choice _____

Please list all allergies that you are aware of: _____

Please list any additional ailments or medical concerns that you are aware of: _____

Please list all **medication(s)** your child takes on a regular basis: _____

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 Pick-Up Cell # _____
Relation _____

#2 Name _____ Emergency Pick-Up Cell # _____
Relation _____

#3 Name _____ Emergency Pick-Up Cell # _____
Relation _____

#4 Name _____ Emergency Pick-Up Cell # _____
Relation _____