

**Island Montessori Academy
Application for Admission**



An application fee of \$50 must accompany this form.

Today's Date: _____

Desired Date of School Entrance: _____

Program (check one):

- Toddler, Half Day, am Toddler, Half Day, pm Toddler, Full Day Toddler, Extended
 Primary, Half Day Primary, Full Day Primary, Extended
 Elementary Program

Child's Full Name: _____

Nickname: _____

Birth Date: _____

Gender: F M

Please complete the following information for each parent:

_____	Name in Full	_____
_____	Address	_____
_____	Home Phone	_____
_____	Occupation/Title	_____
_____	Employer	_____
_____	Employer Address	_____
_____	Other Phone	_____
_____	Work Phone	_____
_____	Email Address	_____

Are the child's parents divorced or separated? No Yes

If yes, to whom should we address correspondence? _____

Has your child attended school previously? If yes, please give the name, location, and years attended for each:

Name of School, City, State Years Attended

Name of School, City, State Years Attended

Siblings:

_____	_____	_____
Name	Date of Birth	School (if applicable)
_____	_____	_____
Name	Date of Birth	School (if applicable)
_____	_____	_____
Name	Date of Birth	School (if applicable)

Please explain your interest in IMA, including any particular goals for your child's education.

What are your child's favorite pastimes? In what organized activities, if any, does your child participate?

How did you hear about IMA?

Explain your knowledge and/or experience, if any, of Montessori education:

Are there any specific concerns or requests that you would like to share?

Diversity Statement: The Island Montessori Academy admits students and parents of any race, gender, color, religious affiliation, national or ethnic origin, sexual orientation or marital status to all rights, privileges, programs and activities generally accorded or made available to students at our school. We do not discriminate in the administration of our school policies and programs.

For Office Use Only:

Date App Rec'd _____

Fee Rec'd _____

Child Visit _____

Parent Int _____