

Nature's Classroom Institute & Montessori School W336 S8455 Hwy E | PO Box 660 Mukwonago WI 53149 262.363.2815 www.discovernci.org

## A \$50 non-refundable application fee must accompany this form.

FOR OFFICE USE ONLY:		
Fee Rec'd by	Date	

## **APPLICATION FOR ADMISSION**

**Academic School Year 2018-2019** 

Primary Class (Half Day) Primary Class (Full Day) Lower Elementary (6 – 9 year olds)					
Upper Elementary (9 – 12 year olds)	Adolescent Program (12 – 18 year olds)				
Student Information					
Student Name: Middle	Date of Birth: Last				
Name commonly used: Gender: Male	Female Primary Telephone #				
Home Address:  Street  Sibling Names and ages:	City State Zip Code				
List Previous School Experiences or Social Experiences:					
here? How Long?					
	What languages are spoken at home?				
Siblings (if any, names and ages)					
Parent/Guardian Information					
Parent/Guardian Name:	Parent/Guardian Name:				
Address: Street City State Zip	Address: Street City State Zip				
Cell Phone:	Cell Phone:				
Email Address:	Email Address:				
Alternative Phone:	Alternative Phone:				
Occupation:	Occupation:				
Work Phone:	Work Phone:				

## **APPLICATION QUESTIONNAIRE**

**Student Background Information** – Please note that information on this form is NOT used to exclude any child, but rather to gain a more complete understanding of the child's needs and to assess our ability to meet them. You may attach additional handwritten pages if necessary.

Name of child:	Date of Birth:
General Development:	
Please describe child's basic temperament:	
-	
How do you see this child in his/her social/emotional development?	
-	
-	
Were early childhood developmental milestones reached within age appropriate guideling	nes?
And if not, were interventions necessary; please describe?	
Does child have any hobbies, special interests, specialized areas of development, etc.?	
Is there any significant medical history about which we should be aware and/or have any educational) ever been completed for this child? Please provide details.	y diagnostic evaluations (medical, psychological
**Please note permission to have copies of testing or evaluations may be requested as po	art of admissions processes.
*CHILDREN'S HOUSE APPLICANTS ONLY: Is child potty trained? If so when?	
E 5.1005E711 Floritio Otter to office from portly trained. If 50 When?	

School Environment:
Please indicate the particular strengths and weaknesses of your child in their present school, group setting or other environment outside of home:
Please provide reasons for leaving your child's current educational or group environment?
Has your child ever needed an educational evaluation that required remedial intervention or an Individualized Education Plan (IEP)?
How long do you plan to have your child enrolled in Nature's Classroom?
Nature's Classroom Montessori believes a strong educational institution is enabled by families that commit to actively participating in their child's educational community. What level of commitment can we expect from the parent/guardian(s) in becoming an active participant in our school?