



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 _____ Ck# _____

APPLICATION FOR ADMISSION Academic School Year 2021-2022

_____ 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: _____ Date of Birth: _____
First Middle Last

Name commonly used: _____ Gender: Male _____ Female _____ Primary Telephone # _____

Home Address: _____
Street City State Zip Code

Sibling Names and ages: _____

List Previous School Experiences or Social Experiences: _____

Where? _____ How Long? _____

What languages are spoken at home? _____

Siblings (if any, names and ages) _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Cell Phone: _____

Email Address: _____

Alternative Phone: _____

Occupation: _____

Work Phone: _____

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Cell Phone: _____

Email Address: _____

Alternative Phone: _____

Occupation: _____

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 guidelines?

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 diagnostic evaluations (medical, psychological or educational) ever been completed for this child? Please provide details.

***Please note permission to have copies of testing or evaluations may be requested as part of admissions processes.*

*CHILDREN'S HOUSE APPLICANTS ONLY: Is child potty trained? If so 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?
