



Glebe  
Montessori  
School

# Application for Admission

**Program Requested:**

PRIMARY HALF DAY  
9:00 – 12:00

Admission Date      20    

PRIMARY FULL DAY  
9:00 – 3:30

Payment Plan:

Option A

PRIMARY EXTENDED DAY  
8:30 – 5:30

Option B

Option C

ELEMENTARY PROGRAM  
8:45 – 3:45

ELEMENTARY EXTENDED DAY  
8:30 – 5:30

STUDENT'S NAME: \_\_\_\_\_  
Last First Middle Nickname

Birth Date: \_\_\_\_\_ City/Country of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/Province/Postal Code Telephone

Language spoken at home: \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name Age School

Siblings: \_\_\_\_\_  
Name Age School

**MOTHER OR FEMALE GUARDIAN**

**FATHER OR MALE GUARDIAN**

Name: \_\_\_\_\_  
First Last

Name: \_\_\_\_\_  
First Last

Home Address: \_\_\_\_\_  
(If different from child's) Street

Home Address: \_\_\_\_\_  
(If different from child's) Street

City/Province/Postal Code Telephone

City/Province/Postal Code Telephone

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Province/Postal Code Telephone

City/Province/Postal Code Telephone

Email Address

Email Address

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Please list any schools your child may have attended:

School	Address	Dates Attended

If your child has not attended school, what kind of care has your child received outside your home (daycare, playgroups, grandparents, etc.)?

Has your child undergone an educational or psychological evaluation by either a school system or a private specialist: \_\_\_\_\_ Yes \_\_\_ No. If so, please explain and attach a copy of the report to this application.

Does your child have any special medical needs or allergies? If so, please specify.

Have there been any unusual occurrences in your child's life (death in the family, extended hospitalization, moving, divorce, etc.)? Please include dates.

Please list some of your child's special interests:

If your child is entering the 3-6 year old program, please specify if he/she is toilet trained? \_\_\_\_\_  
Partially \_\_\_\_\_ Completely \_\_\_\_\_

Please state briefly why you would like your child to attend GMS.

Do you have any comments that you feel may add to our understanding of your child and his/her needs?

I learned of Glebe Montessori School through: Friend \_\_\_\_\_ Advertisement \_\_\_\_\_ Other \_\_\_\_\_

How long do you plan to keep your child in Montessori?

I/We enclose a cheque for the non-refundable amount of \$150.00 (new students) or \$100.00 (returning students) payable to Glebe Montessori School to cover the expenses of registration and will submit cheques for the annual tuition as specified in the terms of payment of fees following acceptance of my/our child at GMS.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date