



Glebe Montessori School
Elementary (Grades 1-6) Application for Admission

Elementary Program Requested: ____ Full Day (8:30 – 3:45) ____ Extended Day (8:30 – 5:30)	Admission Date _____ 20____
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CHILD'S NAME: _____
First Middle Last Nickname

Birth Date: _____ City/Country of Birth: _____ Male _____ Female _____

Home Address: _____
Street City/Province Postal Code

Telephone Number: _____ Language Spoken at Home: _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Siblings: _____
Name Age School

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Name Age School

1ST PARENT/GUARDIAN

Name: _____

First Last

Relationship to Child: _____

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

City/Province/Postal Code Telephone

Occupation: _____

Business Address: _____

City/Province/Postal Code Telephone

Email Address _____

Parent/Guardian Signature Date

2ND PARENT/GUARDIAN

Name: _____

First Last

Relationship to Child: _____

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

City/Province/Postal Code Telephone

Occupation: _____

Business Address: _____

City/Province/Postal Code Telephone

Email Address _____

Parent/Guardian Signature Date

Please list schools your child has attended:

School	Address	Dates Attended

If your child has not attended school, what kind of care/education has your child received? (homeschooling, etc.)?

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.

Has your child undergone an educational or psychological evaluation by either a school system or a private specialist: ____Yes ____No. If so, please explain. A copy of the report will be requested by the Director.

Please list some of your child's special interests:

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 _____ Website_____ Other _____

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

I/we 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