

BRIGHT WATER MONTESSORI SCHOOL

Application For Admission

Please enclose \$25.00 fee

(CHECK ONE)

Children's House (3-6 yr.) Core School Day Full Day

Toddler (16-36 months) Core School Day Full Day

Admission Applicant for 2010-2011 or 2011-12

Student's Full Name: - First Middle Last Calling Name

Home Address ()
City State Zip Home Phone

Ethnic Origin (optional) Native Language

Birth date and place Age in September Gender Grade to Enter Date of Entry into BWS

Present/Most Recent School/Preschool/Daycare Present Grade Dates Attended

Mailing Address of Present/Most Recent School/Preschool/Daycare ()
Name of teacher/counselor School Phone Number

Please list other schools attended. Use an additional sheet if necessary.

Through what age do you anticipate your child attending BWMS _____? Have you ever made application to BWMS? _____

Is another child in your family applying? YES NO

Parent/Guardian-Full Name ()
Phone

Home Address/if different from student

Occupation

Work Place ()
Phone

Work Address

Who of named parent/guardian is responsible for child's support?

To whom should billing be sent if other than above?

Full Name

Home Address ()
Phone

Parent/Guardian-Full Name ()
Phone

Home Address/if different from student

Occupation

Work Place ()
Phone

Work Address

Names and ages of siblings (include current school):

Do you want to receive financial assistance materials? _____

How did you hear about Bright Water School?

The following information will enable us to get to know this child better.

What are your educational goals for this child? How do you see Bright Water Montessori School facilitating these goals?

As partners in supporting the education of your child, we expect parents to commit to attend at least one parent education events a year. In addition, what role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

What are your child's special interests, strengths, abilities? _____

How do you see this child in his/her social/emotional development? _____

Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been recommended and/or completed for this child? Please give details. Please request that a copy of educational testing or evaluations be sent to us. _____

Please list your child's allergies (if any): _____

How would you and your child reflect and support the School's commitment to diversity? _____

In what area would you like to volunteer your time?

Field Trips _____ Lunch/ Recess Duty _____ Special Events _____ Gardening _____ Library _____ Reading to students _____

Office work _____ Fundraising _____ Riding the bus _____ Community Service _____ Other _____

Signature of Parent or Guardian making application _____ **Date** _____

Return with a check for \$25.00 to:

Bright Water Montessori School
ADMISSIONS
2410 Girard Avenue North
Minneapolis, MN 55411

Telephone 612/302-3410