

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? _____

Signature of Parent or Guardian making application _____ Date _____

Return with a check for \$25.00 to:

Bright Water Montessori School
ADMISSIONS
1210 Thirty-Seventh Avenue North
Minneapolis, MN 55412

Telephone 612/302-3410