



APPLICATION FOR ADMISSION

(Please Type or Print)

Date of Application: _____

Full Name of Student (First Middle Last) _____

Nickname, if any _____ **Male** ___ **Female** ___ **DOB** _____

Place of Birth (City, State/Country) _____ **Current Age** ___ yrs ___ mos

Student mailing address: _____

Parent/Guardian 1 Name _____

Occupation/Title _____

Business Address _____

Home address (if different from student) _____

Phone (circle primary #): Home () _____ **Work** () _____ **Cell:** () _____

E-mail: _____

Parent/Guardian 2 (if applicable) Name _____

Occupation/ Title _____

Business Address _____

Home address (if different from student) _____

Phone (circle primary #): Home () _____ **Work** () _____ **Cell:** () _____

E-mail: _____

Primary contact for day-to-day communications regarding student _____

Student lives with: (any that apply)

_____ Father _____ Stepfather _____ Father deceased _____ Parents separated
_____ Mother _____ Stepmother _____ Mother deceased _____ Parents divorced
_____ Other/ Relationship _____

Name(s), age(s) and school(s) of siblings if applicable:

Student has regular caregiver (nanny, au pair, etc.) Y / N; Name/phone _____

Financial responsibility for applicant will be assumed by (state name(s)):

Previous school/caregiver experience (if any):

School/Caregiver _____

Address _____

Phone # _____ E-mail: _____

Dates of attendance _____

Reason for leaving _____

Permission to contact school/caregiver? Y/N

If yes, contact name: _____

Primary Language _____ Other language(s): _____

Please state the applicant's general state of health: _____

Does the applicant have any disabilities or allergies that require special attention or would in any way limit participation in school activities?

Is the applicant under the *chronic* care of a physician? _____

Is the applicant toilet trained? (toilet-training is not a school requirement) _____

Emergency contacts (Name, phone, email, location) Please list at least 1 non-parent/guardian:

Emergency Contact 1 _____

Emergency Contact 2 _____

Emergency Contact 3 _____

How did you learn about Auguste Montessori School? (Friend, family, alumni, listserv, website, etc.)

Why did you choose to apply to Auguste?

We would like to enroll our child for FALL/SPRING (please circle) of _____ (year)

We elect for our child to attend:

5 Full Days (8:30am-3:00pm) 5 Half Days (8:30am-11:30am) 3 Half Days (8:30am-11:30am)

We elect to pay the tuition fees by the following payment plan:

Plan A

Plan B

Plan C

A \$ 75.00 Application Fee (non-refundable) must accompany each application.

Upon acceptance of the student, a **non-refundable deposit of \$400.00** is required to hold the applicant's place.

We understand that payments begin on **July 1st** and recognize that our **financial commitment is for the full academic year**, as outlined in the Parent Handbook. We acknowledge that we have read the school handbook and that we understand and accept all the school's regulations and policies.

Parent(s)' Signature(s) _____

Date _____

Scan and send this application by email to: augustemont@gmail.com

Please mail \$75 application fee (by check) and application (if not sent by email) to:

Auguste Montessori School
3600 Ellicott Street NW
Washington, DC 20008
(Ph: 202-237-1788)

Office use:

Application Received: _____ Application Fee: _____ Date Admitted/Waitlisted: _____ Deposit: _____