



800 Sycamore Street
 Westfield IN 46074
 317-867-0158

montessoriwestfield@gmail.com

APPLICATION FOR ADMISSION

Today's Date:

Child's Name:		Home language:
DOB:	Gender:	Requested start date:
Adopted: Y/N	Date of adoption:	Country of birth:

Applying for (√):

Toddler: Days: 3/4/5	CH: Days: 3/5	LE:	UE:	MS:
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Parent/Guardian Information:

Parent 1 Name:	Phone:
Address: _____ _____ _____	Email: Occupation:
Parent 2 Name:	Phone:
Address: _____ _____ _____	Email: Occupation:

Check the appropriate box:

Parents married	Parents separated	Parents divorced	Mother remarried
Father remarried	Mother deceased	Father deceased	Other:

Note: See parent handbook for court orders/agreements regarding custody

Previous Schools:

Name & Address:	Date:
Name & Address:	Date:

How did you hear about MSW? _____



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Child's General Health (including **allergies**): _____

Child's current medication (if applicable): _____

Physician's Name:	Phone:	Hospital:
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What is your experience with Montessori education? _____

What educational goals do you have for your child? _____

How do you see MSW assisting you in meeting these goals for your child? _____

How would you describe your child's personality and learning style? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully developed? _____

Describe any educational, physical, or emotional needs of your child _____

Application Fee:

Please enclose the *non-refundable* application fee of \$50. This application is regarded as a formal request for consideration of your child as a potential student at the Montessori School of Westfield, Inc., and as authorization to our office to obtain transcripts and records from previous schools.

We welcome and consider all applications without regard to race, religion, ethnic, or national background.



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Today's Date: _____

Financial responsibility for the student's tuition will be assumed by _____
Address & Email, if different from parents'/guardians' _____

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____

Application Procedure:

1. Schedule a tour (by appointment only). _____
2. Submit this Application for Admissions form and non-refundable fee of \$50. _____
3. Schedule a student classroom visit. (Kindergarten through 8th grade only) _____
4. Admissions review of application. Class _____ Admin _____
5. Upon acceptance, a signed enrollment contract and fees are