



800 Sycamore Street  
 Westfield IN 46074  
 317-867-0158

[montessoriwestfield@gmail.com](mailto:montessoriwestfield@gmail.com)

### APPLICATION FOR ADMISSION

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

**Applying for (√):**

Toddler:	CH:	EL1:	EL2:	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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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: \_\_\_\_\_

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### 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.
5. Upon acceptance, a signed enrollment contract and fees are due.