


COMMUNITY MONTESSORI
APPLICATION FOR ADMISSION

OFFICE USE ONLY	
Date Received _____	
Parent Obsv _____	
Student Visit _____	
Decision Date _____	
Deposit Date _____	
Start Date _____	

Child's Name *(first, middle, last)*

Child's Nickname *(if applicable)*

Male Female

Child's Date of Birth *(mm/dd/yyyy)*

Current Age

Public School District of Residence

Parent/Guardian 1: Dr Mr Mrs Miss Ms
Parent/Guardian 2: Dr Mr Mrs Miss Ms

Name	Name
Relationship to applicant	Relationship to applicant
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Mobile Phone	Mobile Phone
Occupation	Occupation
Employer	Employer
Business Phone	Business Phone
E-mail	E-mail

Child resides with:
 Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other *(please specify)* _____

Child's siblings:	Age	Grade	Name of day care/school attending

Do you have experience with Montessori and/or basic knowledge of Montessori philosophies? Yes No

Do you anticipate requesting a need-based tuition scholarship? Yes No Don't know

Desired Enrollment Date *(month/year)*: _____

Grade Level at Desired Enrollment Date: _____

Interested in before/after school care? Before After Both Neither

Please list this child's day care and/or school experience(s), including school name(s) and dates or grades of attendance.

Is there anything in this child's health, behavioral, or psychological history that may affect his or her participation in school activities? Yes No If yes, please briefly describe below. Note that reasonable accommodations will be made provided that no changes to the program are required and that the child does not pose a risk to him- or herself or to others.

Has this child been tested or evaluated for any learning challenges or is there reason to be concerned about any learning difficulties? Yes No If yes, please briefly describe below.

Does this child have any allergies? Yes No If yes, please identify and indicate the severity.

RiverRun strives to provide the best individualized education possible. Please briefly describe this child's temperament, social relations, and interests, along with any other information you believe is important to share.

What is the ethnicity and race of this child? This information will be used for aggregate reporting purposes only. An individual's identifying information will be kept private. Answering is optional and will not influence acceptance into RiverRun.

Ethnicity: Hispanic, Spanish, or Latina(o) Not Hispanic, Spanish, or Latina(o)

Race: (select all that apply) White Black Asian Native Hawaiian or Pacific Islander Native American or Alaska Native

A NON-REFUNDABLE FEE OF \$50 IS REQUIRED WITH THIS APPLICATION.

The enclosed application fee is non-refundable and not applicable to tuition. Make checks payable to RiverRun Community Montessori.

RiverRun does not discriminate on the basis of gender, race, color, creed, or national or ethnic origin in its admissions policies.

Acceptance is based on a good match between the child and the school, as well as family commitment to Montessori education and the child's likely long-term attendance at RiverRun.

Once accepted, on-going enrollment is contingent upon the mutual satisfaction of both the student and the school.

RiverRun reserves the right to contact a previously attended school if deemed necessary.

Signing below indicates you have read the above and that all information contained in this application is honestly presented.

Signature

Date

Signature

Date

Return completed form and \$50 application fee to:
RiverRun Community Montessori | P.O. Box 9423 | Schenectady, New York 12309

Want more information? E-mail info@RiverRunMontessori.org or visit www.RiverRunMontessori.org