

Application for Admission

Non-refundable \$365 Application Fee attached? ☐ Yes ☐ No

Program Selection: ☐ Toddler (2 – 3) ☐ Lower Elementary (6 – 9) ☐ Middle School (12 – 14)
☐ Children's House (3 – 6) ☐ Upper Elementary (9 – 12)

Student Information			
Name: First Middle Last			Birth date (MM/DD/YY):
Name commonly used:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home address	City	State	Zip code
Home phone		Primary email address for school communications/billing:	

Family Information	
Parent name:	Parent name:
Address (if different from above):	Address (if different from above):
Email address:	Email address
Home phone:	Home phone:
Cell phone:	Cell phone:
Work phone:	Work phone:
Occupation:	Occupation:
Employer:	Employer:
Employer address (City, State, Zip Code):	Employer address (City, State, Zip Code):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Other: _____ <i>Parents or guardians listed above have permission to pick up the student unless otherwise indicated. If a divorced parent has restricted contact with the student, you must supply the school with a certified copy of the divorce decree as well as any other legal documents applicable to the situation.</i>	

Emergency Contact and Pick Up List (Please provide at least two contacts)		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Cell phone:	Cell phone:	Cell phone:
Home phone:	Home phone:	Home phone:
Contact in emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pick up student at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student at school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Admission

Medical/Physician Information	
Allergies/medical conditions:	
Health/dietary restrictions:	
List medications currently taking:	
Name of student's doctor:	Phone:
Insurance company:	Policy/Group number:
Name of student's dentist:	Phone:
Emergency First Aid: As a parent or legal guardian, I authorize treatment of the above named student by a qualified and licensed medical physician or emergency medical technician in case of an emergency which, in the opinion of the attending physician or technician, may endanger the student's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I realize that medical treatment is not provided by Brickton Montessori School and that I am responsible for payment of any medical treatment provided.	
Parent/guardian signature:	Date:

Parent Questionnaire	
What languages are used at home?	
Please describe your child's development in the following areas:	
1. Speech/Language:	
2. Eyesight/Hearing:	
3. Social/Emotional:	
4. Milestones/Movement:	
List previous school experiences and student's reactions to these:	
Does your child have learning challenges? Have they received additional services to support their development or learning?	
Please tell us about your child (Attach another sheet if needed):	
Please describe your family life:	
Where did you first learn about Brickton Montessori School?	
What are you looking for in a school and how might Brickton be a good fit for your family?	
Parent/guardian signature:	Date:

Non-Discrimination and Equal Opportunity for Students:

It is the policy of Brickton Montessori School to create a learning environment which fosters equal educational and extracurricular opportunities to all enrolled students without regard to color, race, nationality, religion, sex, sexual orientation, ancestry, age, physical or mental disability, gender identity, status of being homeless, order of protection status, actual or potential marital or parental status, including pregnancy.

For Office Use Only:	Date Received:	Amount received:	Check #:
	Date of Enrollment:	ID:	RM#: