



Application for Admission

STUDENT INFORMATION

Child's Full Name: _____ Circle: M F
Preferred name: _____
Date of birth: _____ Birthplace: _____
If not born in the USA, date of entry to the USA: _____
Home Address: _____ City: _____ State: ____ Zip: _____
Current school: _____ Current school phone #: _____

FAMILY INFORMATION

Mother's name: _____ Cell phone: _____
Mother's occupation and employer: _____
Work address: _____ Work phone: _____

Father's name: _____ Cell phone: _____
Father's occupation and employer: _____
Work address: _____ Work phone: _____

Number of siblings: _____ Name/age: _____
Languages spoken at home: _____
Public school district: _____

HEALTH INFORMATION

Does the applicant have any diagnosed learning differences, an IEP, or a 504?

Has the applicant undergone any educational or psychological testing within the last two years?

Are the applicant's physical activities restricted? If so, please explain:

General health of child (special problems, physical disabilities, serious accidents, hospitalization):

APPLICATION FEE OF \$100 IS REQUIRED BEFORE APPLICATION WILL BE PROCESSED. CHECKS PAYABLE TO: HUDSON VALLEY MONTESSORI SCHOOL

Your application is regarded as a formal request for consideration of your child as a potential student at Hudson Valley Montessori School, and as authorization to obtain transcripts and recommendations from previous schools. Hudson Valley Montessori School welcomes and considers all applications without regard to race, religion, ethnicity or nationality, and does not discriminate in any way on the basis of race, color, nationality, or ethnic origin or in the administration of its educational policies. Hudson Valley Montessori School admits students of any race, religion or ethnicity to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

We certify that no information concerning this applicant has been withheld or misrepresented:

Signature of parent/guardian: _____ **Date** _____

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