



## 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

Parent's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Parent's occupation and employer: \_\_\_\_\_  
Work address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Parent's occupation and employer: \_\_\_\_\_  
Work address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

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?

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

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

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**HOW DID YOU HEAR ABOUT OUR PROGRAM?**

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

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** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_