MONTESSORI FAMILY SCHOOL

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Name of Child: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Date of Birth: _____ Child's Sex on Birth Certificate:_____ Gender Identity: _____

Primary Language: _____ Other Language(s) Spoken: _____

Ethnicity (optional): _____

FAMILY INFORMATION

Parent/Guardian I	Parent/Guardian II
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Place of Employment/Occupation:	Place of Employment/Occupation:
_____	_____
Job Title: _____	Job Title: _____

Check Which Applies: ☐ Parents Together ☐ Parents Separated ☐ Parents Divorced ☐ Single Parent

With whom is child living? _____ Who is legal guardian? _____

Is the child regularly cared for by anyone other than parents? Y/N If so, by whom? _____

Other Children in Family:

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

YEAR, CAMPUS, CLASSROOM

Applying for Academic Year: ☐ 2019-2020 ☐ 2020-2021 ☐ 2021-2022

EARLY CHILDHOOD CAMPUS (PRE/PRE-K/K) — BERKELEY

☐ 4 Days per week (full days, Fridays off)

☐ 5 Days per week with option of ☐ Half Day (9:00 am - 12:30 pm) or ☐ Full Day (9:00 am - 3:00 pm)

Do you anticipate needing before or after school care? ☐ Yes ☐ No

☐ Before School (8:00 am - 9:00 am) ☐ After School (3:00 pm - 6:00 pm)

ELEMENTARY/MIDDLE SCHOOL CAMPUS (KB-8) — EL CERRITO

☐ Kindergarten Bridge (4.9 - 6 yrs) ☐ Lower Elementary (6 - 9 yrs)

☐ Upper Elementary (9 - 12 yrs) ☐ Middle School (12 - 14 yrs)

Do you anticipate needing before or after school care? ☐ Yes ☐ No

☐ Before School (8:00 am - 9:00 am) ☐ After School (3:00 pm - 6:00 pm)

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OTHER SCHOOL(S) ATTENDED BY APPLICANT (INCLUDING CURRENT SCHOOL)

Name Address Program or Grade(s) / Date(s)

_____

_____

What grade is your child in currently? (If applicable) _____

PRESCHOOL APPLICANTS ONLY

Is your child toilet trained? ☐ Yes ☐ No (Please note: children must be toilet trained when beginning school at MFS.)

Does your child nap? ☐ Yes ☐ No Usual nap length: _____

FINANCIAL AID INFORMATION

Tuition assistance is awarded to families based on financial need. Financial aid amounts are determined in a process separate from admissions. To apply for financial aid, please visit our website at montessorifamily.com/joinmfs and use our third party portal.

Who is financially responsible for this applicant? _____

OTHER INFORMATION

Name of relatives or friends who have attended MFS: _____

How did you hear about MFS? ☐ Print Ad ☐ Berkeley Parent Network ☐ MFS Web Site
☐ Word of Mouth ☐ MFS Parent/Staff ☐ Internet Search
☐ Other: _____

Please return this application, a small photo of your child, and your non-refundable $85.00 application fee ($75.00 if submitted by 12/3/18). Checks should be made payable to Montessori Family School.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Montessori Family School is committed to fostering diversity and modeling respect and inclusivity, while working to eliminate discrimination and inequity. We believe diversity makes our staff and community stronger. We are committed to admissions and educational practices that ensure that students are provided equal opportunities without regard to race, religion, ethnicity, national origin, cultural heritage, gender, gender identity, gender expression, sexual orientation, physical ability, medical condition, family structure, or any other factor that is not related to the student's ability to thrive at Montessori Family School.

OFFICE USE ONLY

Date Applied _____ Fee Received _____ Check # _____

Student Visit Date/Time _____ Class _____

❑ Required Second Visit

❑ Accepted ❑ WL ❑ Not Accepted