

Admissions Application

Each child is evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the parents' educational philosophy is compatible with that of Montessori School of Louisville. The admissions process consists of 1) parent submission of application form with non-refundable \$50 application fee and, if applicable, a completed teacher recommendation form, 2) a parent classroom observation visit and interview with Director, 3) student shadowing. Children may be asked to spend additional time in the classroom prior to acceptance for admission. Montessori School of Louisville welcomes all qualified individuals regardless of sex, race, color, and creed, disability, national or ethnic origin.



**Montessori School
of Louisville**

An educated mind. An educated heart.

10263 Champion Farms Drive
Louisville, KY 40241

Applying for school year: (circle)

2013-14 / 2014-15 / 2015-16

Child

First	Middle	Last
____ / ____ / ____ Date of birth	M / F Gender	_____ Place of birth
_____ years ____ months Age in August of starting year	_____ years ____ months Age as of application date	____ / ____ Application date
____ - ____ - ____ Social Security Number	Toddler & Early Childhood students only: My child uses the toilet independently. Y / N My child requires a nap. Y / N	
Previous school experience	duration	
Montessori school	duration	
Other school	duration	

Reason for applying to MSL:

Mother or Guardian

Name

Home address

Occupation

Home phone

Work phone

Preferred e-mail address(es)
for school communications: _____

Father or Guardian

Name

Home address

Occupation

Home phone

Work phone

Preferred e-mail address(es)
for school communications: _____

NOTE: It is important to provide this information as a confirmation will be sent to this email address upon processing of child's application.

Brothers & Sisters

Names and ages

Grandparents

Names and addresses

The following information will enable us to serve you better. (Please feel free to attach additional pages if needed.)

What are your educational goals for your child?

How do you see Montessori School of Louisville facilitating these goals?

How would you describe your child's personality and learning style?

Does your child have any hobbies, sports or special interests, or unusual capabilities or talents?

Does your child have foreign language education or background?

What do you see as your child's greatest strengths?

In what areas would you like to see your child's potential more fully developed?

Are you aware of any areas in which we might be able to give special help and encouragement to your child?

Is there any significant medical history about which we should be aware? Is your child currently undergoing or in the past had any diagnostic evaluations (developmental, educational or psychological)? If so, please explain. *Copies of testing or evaluations are required by MSL and failure to be forthcoming with this information during admissions process may revoke admissions and enrollment eligibility.*

How does your family enjoy spending time together?

How do you discipline your child?

I am applying for a spot in: *check your selection(s)*

Toddler (ages 18-36 months)		Hours
<input type="checkbox"/>	Half-Day Option	8 a.m. – 12:15 p.m.
<input type="checkbox"/>	School Day Option	8 a.m. – 2:45 p.m.
Early Childhood (ages 3-6)		Hours
<input type="checkbox"/>	Half-Day Option	8 a.m. – 12:15 p.m.
<input type="checkbox"/>	School Day Option	8 a.m. – 2:45 p.m.
Lower Elementary (ages 6-9)		Hours
<input type="checkbox"/>	School Day	8 a.m. – 2:45 p.m.
Upper Elementary (ages 9-12)		Hours
<input type="checkbox"/>	School Day	8 a.m. – 2:45 p.m.
Middle School (ages 12-15)		Hours
<input type="checkbox"/>	School Day	8 a.m. – 2:45 p.m.
Extended Care*		Hours
<input type="checkbox"/>	Early Arrival Option	7:30 a.m.
<input type="checkbox"/>	After-School Care	2:45 p.m. – 6:00 p.m.

**Admission to Extended Care program for children younger than four years old is based upon evaluation of the child's readiness and teacher input. We are sensitive to the needs of working parents, but if a child's educational experience suffers, we reserve the right to recommend an alternative after-school care situation.*

Signature of Parent or Guardian making application _____ Date _____

Please complete and return along with a one-time, non-refundable application fee of \$50 to:
 Montessori School of Louisville, Inc., ATTN: Admissions, 10263 Champion Farms Drive, Louisville, KY 40241

For Office Use only:	Check # _____	Amount _____	Check dated _____	App rec'd date _____
Parent observation date _____	Student interview date _____	Shadowing date(s) _____	Date of enrollment _____	