

Siblings' Names: _____ Age: _____ School Attending: _____

How did you hear about Berkeley Montessori School?

Phone Book Word of Mouth
 Ad (media company) _____ BMS Parent (name) _____
 Other (explain) _____

Has your child ever been suspended or expelled? Yes No

If yes, please explain: _____

Ethnicity (optional): _____

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

Why have you chosen to apply to Berkeley Montessori School? _____

Does your child have any physical condition or special needs that staff should be aware of during the school visit?

If yes, please explain: _____

Grandparents of applicant (optional):

Name _____

Address _____

Telephone _____

Name of person financially responsible: _____

Address to be used for billing: _____

Have you enclosed your \$75 application fee? Yes

Are there any assessments, reports, documentation etc. regarding this student that we should know about? If yes, please explain:

Additional Information: _____

By signing this application, you agree that Berkeley Montessori School may contact all parties listed to gather any education-related information we may need for admissions.

Signed _____
Parent or Guardian

Date _____

In an effort to get to know more about your child and family life, we are including the following questions. Feel free to continue your responses on a separate paper.

Why do you think Berkeley Montessori School could be a good match for your child and for your family? What draws you to Montessori philosophy? Has your family had any experience with Montessori education?

Tell us about your child in terms of personality, interests, and temperament:

How would you describe your child's developmental growth thus far in these areas:

Physical:

Emotional:

Social:

Language:

Do you have any concerns about your child's development thus far?