

Application for Admission

Starlight Montessori Preschool

www.starlightschool.com

Children are considered for Starlight Montessori Preschool on the basis of readiness for school and potential for success in a Montessori environment. It is equally important that parents' educational philosophy is compatible with that of the School. The admission process consists of an observational visit, submission of an application form and a parent interview. In some cases we may ask that the child be observed by the teachers and director.

Starlight Montessori Preschool welcomes all qualified families regardless of sex, race, creed, disabilities, national or ethnic origin or family make-up.

Child's full name _____

Birthdate _____

Sex M/F

Starting date requested _____

Days and hours requested _____

Parents' full names (parent 1) _____

(parent 2) _____

Home Address _____

Phone _____

Email _____

Previous schools attended _____

Siblings names and ages _____

What is your experience with Montessori Education?

What educational goals do you have for your child?

How do you see Starlight assisting you with meeting these goals for your child?

How does your family enjoy spending time together?

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

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

How do you see your child in his/her social/emotional development?

Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or physiological) ever been completed for your child?

Y/N

If yes, please request that a copy of the testing or evaluations be sent to us.

Details:

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

Please describe how you discipline your child?

Specify any special education, physical or emotional needs of your child:

I hereby apply for the admission of _____ to Starlight Montessori
Preschool and agree to abide by the rules and regulations thereof.

Signature of Parent or Guardian _____

Date _____