

# North Star Montessori

## Application for Admission

Admission Applicant for \_\_\_\_\_200\_\_\_\_

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Student's Name (Last, First, Middle)

Name Student Prefers

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Home Address

Gender (Male/Female)

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City

State

Zip

Home Phone Number

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Birth Date

age as of September 1

Grade level to enter

number of years in System

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Address of Present School

Name of Teacher/Counselor

School Phone Number

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Name of Previous Montessori School

Years Attended

What date will the child be available to start school? \_\_\_\_\_

Have you ever made application to North Star Montessori School? \_\_\_\_\_ When? \_\_\_\_\_

Is another child in your family applying? \_\_\_yes \_\_\_no

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Parent/Guardian Full Name

Parent/Guardian Full Name

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Home address if different from student

Home address if different from student

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Name of Business Position Phone Number

Name of Business Position Phone Number

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Billing Name and Address if different than above

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Relatives who have attended North Star:

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For which programs do you wish to enroll your child? Please check all that apply.  
 Little Dippers (2's and young 3's)  Preschool  Kindergarten  Elementary  
 Before School Program  After School Program

The following information will help us get know your child better:

What are your educational goals for your child? How do you see North Star facilitating these goals?

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What role can we expect to see you, the parents/guardians, play in facilitating your child's educational goals?

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

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

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Does your child have any foreign language background or education?\_\_\_\_\_

Is your child's general development and academic performance in his/her present school consistent with your expectations?\_\_\_\_\_

Has your child had any remedial work, special tutoring, or enrichment classes during the past two years? If so, in what academic areas?\_\_\_\_\_

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Is there any significant medical history about which we should know? Have any diagnostic evaluations (educational/psychological) ever been completed for this child? Please give details. Please request that a copy of educational testing or evaluations be sent to us.

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

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*North Star Montessori School, Inc. considers the records of all individual students to be confidential information, available only to a child's parents or guardians upon request.*

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Signatures of Parents/Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

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Mother/Guardian

Father/Guardian

As a matter of policy and philosophy, North Star Montessori School, Inc.'s admission, hiring, and operating procedures are nondiscriminatory in terms of race, color, religion, gender, national or ethnic origin, sexual orientation, or disability.

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OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Little Dippers: \_\_\_\_\_ Days: \_\_\_\_\_

First day of class: \_\_\_\_\_  
Preschool half-day \_\_\_\_\_ Full Day \_\_\_\_\_  
Elementary \_\_\_\_\_  
Before School Program \_\_\_\_\_ After School Program \_\_\_\_\_

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Fees paid:

\$50 Application Fee \_\_\_\_\_ \$25 Parent Association Fee \_\_\_\_\_ \$175 Materials/Field Trip Fee \_\_\_\_\_

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Please enclose application fee and return this form to:

North Star Montessori School  
1601 Cottage Ave.  
Columbus, IN 47201