



Village Montessori School at Bluemont

33874 Snickersville Turnpike
Bluemont, Va. 20135
540-554-2284

Application for Admission

Applicant's
Picture

School Year Beginning _____

Date Application Received _____
(Office Use only)

Full name of Applicant _____

Nickname _____
First _____ *Middle* _____ *Last* _____
Male _____ Female _____ Age* _____

Date of Birth _____ Child's Social Security Number _____
Month/Day/Year

Father/Guardian's Name _____

Home Address _____

Phone _____ Business Phone _____

Occupation _____ Place of Business _____

Business Address _____

Mother/Guardian's Name _____

Home Address _____

Phone _____ Business Phone _____

Occupation _____ Place of Business _____

Business Address _____

Who is financially responsible for payment of fees? (Please give name and address if different from parents)

Applicant lives with _____ Relationship _____

Brothers and Sisters (use separate sheet if necessary)

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

What languages are spoken at home? _____

What is applicant's first language? _____

Village Montessori School at Bluemont admits students of any race, religion, sex, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate in the administration of its educational



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policies, admissions policies, and other school-administered programs

Applicant's Name _____

Previous School Experience. Please complete the following for all schools your child has attended. *We reserve the right to contact your child's previous school(s) and/or your child's former teacher(s).*

School Address Phone Dates of Attendance Teacher's Name

Why have you chosen Village Montessori School at Bluemont for your child? (Use separate sheet if necessary) _____

I first learned of Village Montessori School at Bluemont through _____

Has any relative attended the school? _____ If so, please give names and dates _____

Does the applicant have any known educational, psychological, speech/language, or learning difficulties? ___Yes ___No
If yes, please explain (use separate sheet if necessary) and provide a copy of all tests and evaluation results: _____

Is applicant toilet trained? _____ Note: Child must be toilet trained by the time they enter school.

Please enclose a non-refundable application fee of \$ _____.

Please familiarize yourself with our Introductory Booklet, which will answer many of your questions about the school.

Please initial the following statements:

I understand that the application fee is not refundable. _____
Initials

I certify that the answers provided herein are true and complete to the best of my knowledge. I authorize the Village Montessori School at Bluemont to contact appropriate educational personnel to discuss any testing or evaluation results that apply to my child.

Signature of Father or Guardian

Date _____

Date _____

Signature of Mother or Guardian