



APPLICATION FOR ADMISSION

First Name _____ Last Name _____

Nickname _____ Date of Birth ____/____/____ Sex designated at birth Female Male

Admission for fall of 20_____ Current School or Daycare _____

Program applying for:

Children's House: Full Day Preschool Morning only Preschool Afternoon only Preschool Kindergarten

Lower Elementary: 1 2 3 Upper Elementary: 4 5 6 Middle School: 7 8

Is this the first time you have submitted an application? Yes No

Does this applicant have a relative who has attended or is attending ASM? Yes No

Name of relative _____ Relationship _____

Name of relative _____ Relationship _____

If you were referred to ASM by a current family, please provide the family's name: _____

Please complete the following section for each Parent/Guardian.

Parent/Guardian 1: Mr. Mrs. Ms. Dr.

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Home Phone () _____ Cell () _____

Email _____

Employer _____ Position/Title _____

Employer Address _____

Employer Phone () _____

Parent/Guardian 2: Mr. Mrs. Ms. Dr.

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

(If different from parent/guardian1)

Home Phone () _____ Cell () _____

Email _____

Employer _____ Position/Title _____

Employer Address _____

Employer Phone () _____

Siblings: Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____

Optional Applicant Information:

Citizenship: U.S. Citizen/Permanent Resident International - Country of Origin: _____
Ethnicity: Caucasian African American Latino Pacific Islander Native American
 Asian - Country of Origin: _____
 Multi-Racial: _____

Optional Parent/Guardian Information:

Marital Status: Married Divorced Separated Single Parent Life Companions Widow(er)

Do you anticipate applying for financial aid? Yes No

Boards/Organizations on which either Parent/Guardian serves:

Parent/Guardian Name	Organization	Title/Position
_____	_____	_____
_____	_____	_____

Is there anything in particular you would like our Admission Committee to know about your child? If yes, please explain:

Are there any special issues (allergies, medical, physical, emotional, family life, educational, social) in your child's history that we should know about? Yes No If yes, please explain: _____

Has an academic or neuropsych evaluation (i.e., speech, behavioral, sensory, occupational therapy, etc.) ever been recommended for your child? Yes No If yes, please explain: _____

Has an academic or neuropsych evaluation been completed for your child? Yes No If yes, Andover School of Montessori requires a copy of the evaluation be submitted for consideration.

If you choose to volunteer your time and/or talent, what are your areas of interest? _____

I/We understand that Andover School of Montessori requires an interview. I/We understand that all school records, recommendations, and evaluations will be reviewed prior to making an admission decision.

Enclosed with this application is the non-refundable application fee of \$60.00.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Andover School of Montessori does not discriminate in admission, financial aid, administration of its educational policies and employment practices on the basis of race, color, national or ethnic origin, sex, sexual orientation, marital status, or status as a qualified handicapped individual. The following person has been designated to handle inquiries regarding the School's non-discrimination policies, including Title IX policy: Shannon Lavelle, Dir. of Finance, 978-475-2299 x15 slaavelle@andovermontessori.org. For assistance related to Title IX or other civil rights laws, please contact OCR at OCR@ed.gov or 800-421-3481, TDD 800-877-8339