



Please include a photograph of your child or family. We meet many children each year. Having a photo will help us to personalize your file.

Application for Admission

Applicant's Name _____ Nickname _____
Date of Birth ____/____/____ Age _____ Gender _____ Admission for fall of 200 _____
mm dd yy

Program applying for:
Children's House: Full Day Morning Afternoon (please indicate 1st, 2nd, 3rd choice)
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 Oak Meadow? _____
Name of relative _____ Relationship _____
Name of relative _____ Relationship _____

Please complete the following section for each Parent/Guardian.

Parent/Guardian 1 _____ Relationship _____
Home Address _____
Home Phone (____) _____ Cell Ph.(____) _____ Email _____
Employer _____ Position/Title _____
Business Address _____ Business Phone (____) _____

Parent/Guardian 2 _____ Relationship _____
Home Address _____
Home Phone (____) _____ Cell Ph.(____) _____ Email _____
Employer _____ Position/Title _____
Business Address _____ Business Phone (____) _____

Optional Information:

Country of Origin _____
Ethnicity: Caucasian Asian African American Latino Pacific Islander
Bi/Multi Racial Native American Other _____
Married Divorced Separated Single Parent Life Companions Widow(er)

Do you anticipate applying for financial Aid? yes _____ no _____ (if yes, please request financial aid forms)

Boards/Organizations on which either Parent/Guardian serves:

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

Current School or Daycare _____
Address _____ Telephone _____

Person(s) financially responsible for tuition and expenses _____
Address _____ Telephone (____) _____

Continued

Often, there are special people in a child's life, such as their grandparents. If you would like to share their contact information with us, space is provided below.

Special Person(s) _____ Relationship _____
Home Address _____
Employer _____ Position _____

Special Person(s) _____ Relationship _____
Home Address _____
Employer _____ Position _____

How did you hear about Oak Meadow Montessori School? friend website cable TV
roadside banner local newspaper (name) _____
baystate parent cable TV Action Unlimited other _____

What would you like our Admission Committee to know about your child? _____

What do you hope Oak Meadow Montessori School will provide your child? _____

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 evaluation ever been recommended for your child? yes ____ no ____
If yes, please explain: _____

Has an evaluation been completed for your child? yes ____ no ____
If yes, Oak Meadow requires you to send a copy to the school. Has a copy been forwarded Oak Meadow Montessori School? yes ____ no ____

What talents and/or volunteer involvement will your family share with Oak Meadow?

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

Enclosed with this application is the non-refundable application fee of \$75.00.

Signature _____ Date mm dd yy

Signature _____ Date mm dd yy

Both parents/guardians must sign this application.

Oak Meadow Montessori School 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.