



Renaissance Montessori School

Application for Admission to Atrium Programs

- 1.) Fill out a separate application form for each applicant;
- 2.) Mail to:

Renaissance Montessori School - P.O. Box 10043 - Manassas, Virginia 20108
For more information, visit www.RenaissanceMontessoriSchool.org.

Program Selection

- Level II/III Atrium (Tuesdays 1:00-3:00; ages 6-12; tuition \$550/year)

Only one program is currently available. The above rates are for the 2011-2012 academic year. Separate applications are available for the primary/elementary and toddler programs.

Child Information

Name of Child: _____

Age: _____ Date of Birth: _____ Nickname: _____

Is the child adopted? _____ If so, at what age? _____ Does the child know? _____

Parent Information

Parents or Guardians: _____
(Father) (Mother)

Marital Status: Married Separated Divorced Single Widowed

If divorced, are parents remarried? Father Mother

If divorced, what age was the child when the divorce occurred? _____

Is either parent deceased? _____ Is either parent away for prolonged periods? _____

Has either parent ever been convicted of a crime? _____ If yes, please explain on reverse side.

Address: _____
(Street Address) (City) (State) (Zip)

Home Phone: _____ Email Address: _____

Father's Occupation: _____ Place of Business: _____

Business Phone: _____ Mobile Phone: _____

Mother's Occupation: _____ Place of Business: _____

Business Phone: _____ Mobile Phone: _____

Religious Information

Religious denomination: Mother: _____ Father: _____

Is the child baptized? _____ If so, please give the date: _____

Home Life

Is the child regularly cared for by anyone other than his parents? _____

By whom? _____ For how many hours per day? _____

In his home? _____ If not, where? _____

Describe the child's play / leisure activities:

Outdoors: _____

With other children: _____

Favorite activities, games: _____

Favorite toys and books: _____

Does the child watch television? _____ If so, how many hours per day? _____

Programs that the child watches: _____

Indicate which best describes your child's temperament in group settings:

Outgoing and Social Shy, Needs Encouragement In Between

Family Members:

List the other children in the family (if any):

List other members of the household (if any):

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Education

If your child has prior schooling, please indicate below.

School: _____ From: _____ To: _____ Hrs. per day: _____ Days per wk. _____
(mo./yr.) (mo./yr.)

School: _____ From: _____ To: _____ Hrs. per day: _____ Days per wk. _____
(mo./yr.) (mo./yr.)

If applicable, the grade your child is currently in: _____

Additional Information

How did you come to the decision to send your child to a Montessori school?

What are your expectations for your child at Renaissance Montessori School?

Signing this application form gives your assent to the following statement.

I understand that Renaissance Montessori School has the right to accept or reject applicants based on its own standards, in the interests of maintaining a productive growth and learning environment for all students.

Signature of Parent: _____

Date: _____