

Primary Application



24326 Issaquah-Fall City Road
Issaquah, WA 98029
Phone: 425.557.7705
www.issaquahmontessori.com

OFFICE USE ONLY
Date Received _____
Received by _____
Check # / Amount _____
Start date _____

September 2012–June 2013

Last name of child _____ First name _____

Address _____ City _____ ZIP _____

Family email address _____ Home phone _____

Birth date (mm/dd/yyyy) _____ Age on September 1, 2012 _____ Gender: male female

Schedule requests: 1st choice - full day morning only ; 2nd choice - full day morning only

Child Care: Morning - yes no Afternoon - yes no Frequency - monthly occasionally

Parent/guardian _____

Address (if different) _____ City _____ ZIP _____

Employer _____ Position _____

Mobile phone _____ Work phone _____

Parent/guardian _____

Address (if different) _____ City _____ ZIP _____

Employer _____ Position _____

Mobile phone _____ Work phone _____

Previous school attended by child:

Name _____ City _____ Dates _____

Schedule attended: 2 half days 2 full days 3 half days 3 full days 5 half days 5 full days

Other children in family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

The following information helps us know your child better.

How did you hear about Issaquah Montessori School (IMS)? _____

What qualities of IMS attracted your family to our community? _____

What are your education goals for your child? How do you see IMS facilitating these goals?

What role can we expect you to take in facilitating your education goals for your child?

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

Where do you see your child in his or her social and emotional development?

What foreign-language education or background does your child have?

Is your child's general development and academic performance in his or her present school consistent with your expectations? Why?

Has your child had any remedial work, diagnostic evaluations, special tutoring, enrichment classes or any significant medical history of which we should be aware? Yes No If yes, please explain.

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

What are your education plans for your child?

- | | |
|--|---|
| <input type="checkbox"/> Attend IMS through kindergarten | <input type="checkbox"/> Attend Montessori through elementary |
| <input type="checkbox"/> After IMS, attend public school | <input type="checkbox"/> After IMS, attend traditional private school |
| <input type="checkbox"/> Other plans: _____ | |

I have fully disclosed all information necessary for Issaquah Montessori School to create and implement an effective education plan for my child. I hereby apply for the admission of _____ to Issaquah Montessori School and agree to abide by the rules and regulations thereof.

Signature of parent or guardian

*No child will be excluded
on the basis of sex, race, religion or national origin.*

Date

This form must be accompanied by:

- **New students: \$75 non-refundable application fee**
- **Returning students: \$100 enrollment fee**