

For Office Use Only:
Classroom visit _____
Teacher Conference _____
Child visit _____

APPLICATION FOR ADMISSION

*Admission to Wichita Montessori School is open to any student
without regard to race, religion, sex, or national origin.*

ALL APPLICANTS, PLEASE COMPLETE BOTH SIDES AND
RETURN FORM WITH \$25 APPLICATION FEE

Name _____

Date of Birth _____ Age or Grade (when classes start) _____

Sex: Male () Female () Previous School Experience _____

Name of Parents or Guardians:

Name of Father (title, if used) Name of Mother (title, if used)

Residence Address and Zip Residence Address and Zip

Name of Business Name of Business

Business Address and Zip Business Address and Zip

Phone (Home) Business Phone (Home) Business

Email Address Email Address

Both Parents Living? _____ Separated? _____ Divorced? _____

Family Physician _____ Phone _____

Siblings:

Name Age School Presently Attending

(over)

Applicants seeking admission to Wichita Montessori School are evaluated and admitted based upon a personal interview with a faculty member of the appropriate class. Testing for admittance to Upper Elementary will be done at the discretion of the 4th or 5th Year teachers. Primary, kindergarten, and elementary programs are based on five days per week.

New students applying for kindergarten will be given an evaluation for readiness and will be encouraged to attend at least three weeks of our summer program. Some fees may apply for kindergarten readiness testing. If the child is unable to attend in the summer, the first month of kindergarten will be provisional, after which time the teacher and parents will confer as to the correct placement of the child.

Please indicate the program in which you are interested:

PRIMARY PROGRAMS

Morning class 8:15 - 11:15 a.m. ()

Extended day 8:15 a.m. - 3:00 p.m. ()

KINDERGARTEN

Extended day 8:15 a.m. - 3:00 p.m. ()

ELEMENTARY

All grades 8:15 a.m. - 3:00 p.m.

Lower Elementary: 1st year () 2nd year () 3rd year ()

Upper Elementary: 4th year () 5th year ()

What are your goals for your child's educational experience in Wichita Montessori School?

Please list any special learning requirements or medical problems:

Date

Signature

(Parent or Guardian)

PLEASE SUBMIT THIS FORM ALONG WITH \$25.00 APPLICATION FEE