

Farmington Valley Academy Montessori
Application for Admission

Student's full name: _____
Date of Birth: _____ Gender: _____

Mother or Guardian: Name: _____ Street: _____ Town, Zip: _____ Home phone: _____ Cell phone: _____ Work phone: _____ Occupation: _____ Email address: _____	Father or Guardian _____ _____ _____ _____ _____ _____ _____
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Other Siblings Name: _____	Date of Birth: _____
_____	_____
_____	_____
_____	_____

Applying for start date: _____ Year: _____

- Toddler, mornings
- Primary, mornings
- Primary, extended day
- Lower Elementary (1st – 3rd)
- Upper Elementary (4th - 6th)
- Middle School (7th & 8th)

If any, previous school experience:

Name of school	Duration
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The following information will better enable us to know your child.

What are your educational goals for your child?

How do you see Farmington Valley Academy facilitating these goals?

How can we help to bridge home and school?

What talents or special interests would your family be willing to share with our program?

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

How do you see your child's social and emotional developmental interactions?

Is there any significant medical history which we should be aware of and/or have any diagnostic evaluations (educational or psychological) ever been completed for this child? If yes, please provide detailed information and mail to us any copies of completed educational testing or evaluations.

Does your child participate in any extracurricular activities? If yes, please list:

What language or languages are spoken at home?

Are there any areas in which we might be able to provide special help/encouragement to your child?

Application Process:

- 1) Parents are invited to visit the school by appointment.
- 2) Parents must submit a completed application for consideration.
- 3) All prospective students and parents meet with a teacher.
- 4) Upon acceptance a contract is offered

Signature of parents or guardians:

Mother/guardian: _____ Date: _____

Father/guardian: _____ Date: _____

Please mail (\$75.00) check for the non-refundable application fee to:
Farmington Valley Academy Montessori.
150 Fisher Drive
Avon, CT 06001

Thank you for your interest in The Farmington Valley Academy Montessori. The Farmington Academy has a non-discriminatory policy relative to race, color, national or ethnic origin with respect to the admission of students, the hiring of faculty, and administrative staff.