

## Application for Admission

Student's Full Name		Date of Birth		Gender
Parent or Guardian 1:		Parent or Guardian 2:		
First Name:		First Name:		
Last Name:		Last Name:		
Relationship to Child:		Relationship to Child:		
Street Address:		Street Address:		
City:	State: Zip:	City:	State:	Zip:
Email address:		Email address:		
Home Phone:		Home Phone:		
Cell Phone:		Cell Phone:		
Occupation/Employer:		Occupation/Employer:		
Work Phone:		Work Phone:		
Sibling(s)				
Full Name:		Date of Birth:		Gender:
Full Name:		Date of Birth:		Gender:
Full Name:		Date of Birth:		Gender:
Applying for Start Date:		Year:		
☐ Toddler, mornings ☐ Toddler w/ Montessori Care ☐ Primary, mornings ☐ Primary w/ Montessori Care ☐ Primary, extended day ☐ Montessori Care	☐ Lower Elementary (1st – 3rd)	Current Grade:		
	☐ Upper Elementary (4th - 6th)	Current Grade:		
	☐ Middle School (7th & 8th)	Current Grade:		
Previous school experience:				
Name of School:		Duration:		

What are your educational goals for your child?	
What are your expectations of how Farmington Valley Academy wil	I facilitate these goals?
What talents or special interests would your family be willing to share	re with our program?
Does your child have any hobbies, sports, special interests, or unique	e capabilities or talents?
How would you describe your child's social and emotional interaction	ons?
Is there any significant medical history which we should be aware of psychological) ever been completed for this child? If yes, please procompleted educational testing or evaluations.	
Does your child participate in any extracurricular activities? If yes, j	please list:
What language or languages are spoken at home?	
Are there any areas in which we might be able to provide special hel	p/encouragement to your child?
Please tell us anything else you think we should know.	
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:	
Parent or Guardian 1:	Date:
Parent or Guardian 2:	Date:
Please mail (\$75.00) check for the non-refundable application fee to: Farmington Valley Academy Montessori	

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.