



Dearcroft Montessori School

Tel: 905-844-2114

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ELEMENTARY APPLICATION FORM

Student: _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____ **Home Tel. No.** _____

Birth Date: (day) _____ **(month)** _____ **(year)** _____ **Gender:** _____

PROGRAM:

Junior Elementary

____ Level 1
____ Level 2
____ Level 3

Senior Elementary

____ Level 4
____ Level 5
____ Level 6

Junior High

____ Level 7
____ Level 8

Extended Care

____ Before care
____ After care
____ Before & after care

PARENT/GUARDIAN #1

Name: _____

Home Address: _____

Home Tel: _____

Bus Address: _____

Bus Tel: _____

Cell: _____

Email: _____

PARENT/GUARDIAN #2

Name: _____

Home Address: _____

Home Tel: _____

Bus Address: _____

Bus Tel: _____

Cell: _____

Email: _____

Emergency Name, Address & Telephone (to call if parents cannot be reached, when child is ill and must be taken home): _____

Siblings (names and birth dates): _____

For Administration use only:

Date of Admission _____

Date of Discharge: _____

Medical Information:

Student Name: _____

Family Doctor: _____

Address: _____

Tel No: _____

1. **Medical History: please list any health issues/concerns and communicable diseases:**

2. **Please list special dietary restrictions/requirements in respect of diet, rest or physical activity:**

3. **Please give written instructions for any medical treatment or drug or medication to be administered during school hours:**

Education History Information:

1. **School history: please provide the name of the schools your child has attended, and the length of attendance:**

2. **Specialist Services or Therapy: please list any information pertaining to speech therapy, occupational therapy, etc. for your child:**

3. **Does your child have previous experience in a Montessori setting? Y ____ N ____**

4. **What would you describe as your child's greatest strengths?**

5. **What interests, hobbies or extracurriculars does your child have?**

6. What areas of growth would you like to see with your child?

7. What are your primary goals for your child's education?

8. What are your primary reasons for looking to move schools?

9. Is English your child's first language? Y _____ N _____

If no, please describe their English ability and provide details about their primary language:

10. Has your child received any psychological or educational assessments? Y _____ N _____

If so, please provide a synopsis and attach a copy:

11. Does your child have an IEP? Y ___ N _____

If so, please provide a synopsis and attach a copy:

12. What challenges does your child have in regards to mental health and anxiety?

13. Has your child received disciplinary measures at their previous school(s)? Y___ N ___

If yes, please provide details:

Dearcroft Montessori is a very welcoming, warm environment where every child is able to receive academic challenge and education geared to their ability. Students are welcomed into the school and quickly become part of our community. Our excellent student to teacher ratios and peer mentoring allow students to receive the support they need to reach their full potential.

Our Elementary and Junior High programs are designed to challenge students academically and social/emotionally. Students are encouraged to build their confidence, independence, and resiliency. As part of this, we have high expectations for our students with regards to showing leadership at school. Overnight trips begin in Level 1, and remain an integral part of our programs all the way through to Level 8. Students are expected to work with and mentor others, and act with kindness and respect at all times. Our classrooms are also busy with the excitement of independent learning. For some students, this style of learning environment is a challenge. As such, this environment is not suitable for all learners.

It is important that we have open communication about your child's learning profile so that we can help determine if this will be a place where your child will find success. Please be sure to provide all information that may be relevant, and have a discussion with our Principal to ensure this will be the right place for your child.

Application for admission into the Montessori program implies your three-year commitment for the duration of each developmental level of the program and your agreement to the terms stated in the tuition schedule. We invest a lot of time and energy into our new students, especially those new to Montessori. When students leave early, it disrupts the balance of the classroom and the experience. In an effort to offer all of our students the best environment possible, it is expected that students will stay for the minimum of the duration of the program for which they are applying. You will be asked to pay non-refundable future deposits as a sign of good faith with your intention to stay. We look forward to talking further with you about you child and their potential fit into Dearcroft Montessori School.

I have read through the above information and included all relevant information and documentation regarding my child.

Parent /Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____