

Primary Application 2010–2011



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

OFFICE USE ONLY
Date Received _____
Received by _____
Check # _____

Last name of child _____ First name _____ Suffix _____
Address _____ City _____ ZIP _____
Family email address _____ Home phone _____
Birth date (mm/dd/yyyy) _____ Age on September 1, 2010 _____ 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 _____ Address _____ 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 play in facilitating your child's education goals?

Does your child have any hobbies, sports or 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?

- Attend IMS through kindergarten Attend Montessori through elementary
 After IMS, attend public school After IMS, attend traditional private school
 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

Date

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

**This form must be accompanied by
a \$75 non-refundable application fee.**