



Application for Admission – Part I

Applying for: Month _____ Year _____ Date of Application _____

Program (circle one): Toddler Children’s House (3’s, 4’s & K) Elementary (grade _____)

Program Hrs. (circle one): Toddler dismissal times: 11:45 PM 3:15PM 6:00PM

Children’s House dismissal times: 12:05PM 3:15PM 6:00PM

Kindergarten & Elementary dismissal times: 3:15PM 6:00PM

Child’s Name _____ Birth Date _____ Gender M__ F__

Current School and grade (if applicable) _____
(If your child is attending or has attended another preschool or grade school, **copies of progress reports must be provided to NHMS**. Please have these records sent as soon as possible in order to ensure that your child’s application is complete. Consideration for admission will occur after records are received)

Sibling(s): _____ M / F Date of Birth _____

_____ M / F Date of Birth _____

Mother’s Name _____ Business Name _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-Mail _____ Occupation _____

Father’s Name _____ Business Name _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-Mail _____ Occupation _____

Your answers to the following questions will enable us to get a sense of your family and your familiarity with Montessori education. Please feel free to answer fully. You are welcome to attach another sheet of paper if you require more space.

Are you familiar with the Montessori Method of teaching and learning? _____

What materials have you read about the Montessori Method? _____

What aspects of the Montessori philosophy are most appealing to you, and why? _____

Office Use:
Date App. Rec’d: _____
Check #: _____
TY date: _____
Records Received: _____
Notes:

What were the main factors in your decision to apply to NHMS? _____

What are your principal goals for your child while she/he is a student here? _____

Our school serves children from 18 months through 12 years of age. Through what grade do you plan to have your child attend NHMS? What factors will impact your decision?

NHMS is very dependent upon the involvement of its families to create a strong community for our children. In what manner do you envision your family becoming involved with school and parent network activities?

Thank you for taking time to fill out this application form completely. The information contained in it will be kept confidential. Please return Parts I and II with a non-refundable application fee of \$ 50.00 to: **New Horizons Montessori School, 1701 Jarrettown Road, Dresher, PA 19025**. Upon receipt of the completed application and fee (**and school records, if applicable**), NHMS will acknowledge receipt via mail, and place your child's name into our pool of applicants. In no instance will an applicant's race, color, religious creed, disability, ancestry, national origin, age or sex be a factor in determining whether s/he is accepted into the school.

Signature of parent: _____ Date _____