

Website: montessorihollywood.org

Montessori Shir-Hashirim

6047 Carlton Way, Los Angeles CA 90028 Phone 323 465 1638 Fax 323 465 5765

Carlton Way Contact Email: elenacielak@sbcglobal.net

151 No. Berendo Street, Los Angeles, CA 90004 Phone 213 380 2100 213 380 2103 Fax 213 380 2104

Berendo Contact Email: elenacielak@sbcglobal.net

APPLICATION FOR ADMISSION

Please return this application along with a \$200.00 non refundable fee. For identification purposes, please attach a family snapshot.

Application for Fall _____ or Summer _____

Today's date _____

CHILD'S NAME _____ **Date of birth** _____

Address _____ **Male** _____ **Female** _____

City _____ **Zip Code** _____

Phone _____ **email** _____

FAMILY INFORMATION

Parent #1 _____ **Work Phone** _____ **E-mail:** _____

Name of firm / company _____ **Position** _____

Nature of business _____ **Number of years** _____

Business address _____

Parent #2 _____ **Work Phone** _____ **E-mail:** _____

Name of firm / company _____ **Position** _____

Nature of business _____ **Number of years** _____

Business address _____

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SIBLINGS

Name _____ Age _____ School _____

How did you learn about our school? _____

FURTHER INFORMATION

PREVIOUS SCHOOLS (List starting with current school)

SCHOOL _____ YEARS _____ TEACHER _____

PHONE _____

HEALTH (Check one) if other than "good" please attach explanation.

_____ Good _____ Minor Problems (allergies, injuries)

_____ Major problems (Chronic illness or ongoing treatment)

Has your child received , or is he/she now receiving, special tutoring, counseling or therapy?

No _____ Yes _____ If yes, please list name of specialist, nature or concern and dates of

service: _____

Name _____ Specialty _____

Dates of service: _____

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PARENT PARTICIPATION

Active parent involvement provides a model for service and citizenship in the broader community. Please indicate the ways in which you are willing to participate in the life of Montessori Shir-Hashirim.

School Events_____

Committees_____

What other schools are you applying to?_____

Signature of Parent or guardian.

Questionnaire

To help us better understand the needs of your child and your family please take the time to answer the following questions and submit them with your application.

Please list your child's previous childcare or other activities since birth.

How does your family enjoy spending time together?

How do you discipline your child?

What delights you most of your kid?

What is the greatest challenge with your kid?

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Do you have any experience with The Montessori approach?

What expectations do you have from the school?

Specify any special educational, physical or emotional needs of your child.

Anything else that you would like to let us know?