



AQUINAS MONTESSORI SCHOOL

Recognized by Association Montessori Internationale since 1965

Mount Vernon Campus

A Children's House and Elementary School
aquinasmontessorischool.com

8334 Mount Vernon Highway
Alexandria, VA 22309
703 780-8484 Fax 703 360-2875

APPLICATION FOR ELEMENTARY ADMISSION

Applying for School Year 2016-2017 2017-2018

Child's Name _____ Gender _____ Birthdate _____

Home Address _____

City _____ State _____ Zip code _____ Telephone (_____) _____

FAMILY INFORMATION

Father/Guardian

Mother/Guardian

Name _____

Name _____

Home Address (if different from child's) _____

Home Address (if different from child's) _____

City _____ State _____ Zip _____
(_____) _____

City _____ State _____ Zip _____
(_____) _____

Home Telephone (if different from child's) _____
(_____) _____

Home Telephone (if different from child's) _____
(_____) _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Street Address _____

Business Street Address _____

City _____ State _____ Zip _____
(_____) _____

City _____ State _____ Zip _____
(_____) _____

Business Telephone _____

Business Telephone _____

Educational Background _____

Educational Background _____

Religious Preference _____

Citizenship of what Country _____

Language spoken at home? _____

Child's Physician _____ Telephone (_____) _____

Allergies _____

Has the child any physical disability or medical history that would be useful for us to know? Yes No _____

Is the child on any continuous medication? Yes No _____

Is there any environmental or behavioral history that would be useful in helping to understand the development of the child?

Yes No _____

List those in immediate family living at residence, and relationship _____

Other children in family _____ Birthdate _____
_____ Birthdate _____
_____ Birthdate _____
_____ Birthdate _____

Parents are: Married Separated Divorced Father Remarried Mother Remarried
 Father Deceased Mother Deceased

Is either parent away from home for long periods of time? Yes No _____

Does the child have a regular babysitter or day care provider? Yes No

_____ (_____) _____
Name Telephone

Street Address City State Zip

What hours? _____ Language spoken by this person? _____

Previous schooling _____

Tests administered _____

Why do you want your child in a Montessori school? _____

Please list any hobbies, interest, special abilities, or knowledge that you might like to share with the children at school

Where did you learn about this school? _____

How long do you plan to reside in this area? _____

What school do you plan for him/her to attend after Aquinas? _____

At what level? _____

Have you observed (or are you scheduled to observe) a classroom at The Aquinas Montessori School? Yes No

Date of observation _____

Signature of Parent/Guardian

Date

**Please return this Application Form with a non-refundable Application Fee of \$150.00 to
The Aquinas Montessori School, 8334 Mt. Vernon Highway, Alexandria, VA 22309-1998**

FOR OFFICE USE ONLY

Date Check Received _____ Check Number _____ Acknowledgement Sent _____ Entered into EZCare Yes

Date of Interview _____ Interviewed by _____ Date of Admittance _____

Birth Place _____ Birth Date _____ Birth Certificate Number _____ Date Issued _____

Other Form of Proof _____ Verified By _____ Date _____