



AQUINAS & OLD TOWN MONTESSORI SCHOOLS

Mount Vernon Campus

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

Old Town Campus

112 South Columbus Street
Alexandria, VA 22314
703 684-7323

APPLICATION FOR ELEMENTARY ADMISSION

Please indicate which campus: Mount Vernon

School Year 2018-2019 2019-2020 2020-2021

Child's Name _____ Gender ____ Birthdate _____
(First name) (Last name) (Nickname)

Home Address _____

City State Zip Code Telephone (_____) _____

FAMILY INFORMATION

Father/Guardian

Name _____

Home Address (if different from child's) _____

City State Zip

(_____) _____

Home Telephone (if different from child's)

(_____) _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Business Street Address _____

City State Zip

(_____) _____

Business Telephone _____

Educational Background _____

Where did you learn about this school? _____

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

All primary students at both campuses are guaranteed admittance to the Elementary Program at our Mount Vernon Campus.

Please let us know if you would like us to reserve a space for your child. _____

Other plans? _____

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

Mount Vernon Campus Old Town Campus Date of observation _____

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

Mother/Guardian

Name _____

Home Address (if different from child's) _____

City State Zip

(_____) _____

Home Telephone (if different from child's)

(_____) _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Business Street Address _____

City State Zip

(_____) _____

Business Telephone _____

Educational Background _____

Photo of Child (please, attach)

Citizenship of what country _____

Language(s) spoken at home _____

Child's Physician _____

Physician's Telephone (____) _____

Allergies _____

Birth: premature caesarean full term delayed

Has the child any physical disability or medical history that would be useful and necessary

for us to know? Yes No If yes, please explain _____

Is the child on any continuous medication? Yes No If yes, please explain _____

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

Yes No _____

Please check if applicant has ever been recommended for any of the following special programs:

gifted learning disabled impaired vision speech hearing social/behavior issues occupational therapy

Did the applicant participate? Yes No If yes, in which? _____

Has the child been evaluated by Child Find? _____ Has the child participated in any psycho-educational testing? _____

If so, what tests? _____

Does the child feed him/herself? Yes No

Does the child dress him/herself? Yes No

Age the child started to walk _____

Age the child started to talk _____

Is the child toilet trained? Yes No

Does the child read? Yes No

Does the child write/print? Yes No

Dominant hand? Right Left

Previous Schooling: _____

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

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 What hours? _____

Language spoken by this person? _____

Signature of Parent/Guardian

Date

Please return this Application Form with a non-refundable Application Fee of \$150.00 to
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 First Visit _____ With Whom _____ Date of Admittance _____

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

Other Form of Proof _____ Verified By _____ Date _____