

Aquinas Montessori School

Mount Vernon Campus

A Children's House and Elementary School
8334 Mount Vernon Highway
Alexandria, VA 22309
(703) 780-8484 fax (703) 360-2875
Since 1965

Old Town Campus

A Children's House
112 South Columbus Street
Alexandria, VA 22314
(703) 684-7323
Since 1987

APPLICATION FOR PRIMARY ADMISSION

Please indicate which campus: Mount Vernon Old Town

Child's Name _____ Gender _____ Birthdate _____

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

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 and necessary 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? _____

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 _____

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? _____

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 _____

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 _____