

ADMISSIONS APPLICATION



PROGRAMS

TODDLER (18 months – 3 years)

- Half Day 8:00 am – 12:15 pm
- Full Day 8:00 am – 2:45 pm

EARLY CHILDHOOD (2.5 – 6 years)

- Half Day 8:00 am – 12:15 pm
- Full Day 8:00 am – 2:45 pm

EXTENDED CARE

Admission to Extended Care program for children younger than four years old is based upon evaluation of the child's readiness and teacher input. We are sensitive to the needs of working parents, but if a child's educational experience suffers, we reserve the right to recommend an alternative after school care.

- Morning Extended Care 7:00 am – 7:45 am
- Afternoon Extended Care 2:45 pm – 6:00 pm

LOWER ELEMENTARY (1st grade – 3rd grade)

- Full Day 8:00 am – 2:45 pm

UPPER ELEMENTARY (4th grade – 6th grade)

- Full Day 8:00 am – 2:45 pm

MIDDLE SCHOOL (7th grade – 8th grade)

- Full Day 8:00 am – 2:45 pm

DESIRED START DATE

- Immediate
- Other (MM/DD/YYYY) _____

FOR OFFICE USE ONLY:

Application Date _____

Application Fee Paid Date _____

Entered in ProCare Date _____

Shadow Date _____

Accepted Yes No

Enrollment Date _____

\$50 Application Fee Due with Application

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Primary Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Date of Birth ____/____/____ Gender Male Female Does your child use the toilet independently? Yes No
(Toddler & Primary Students Only)

FATHER OR GUARDIAN

First Name _____ Last Name _____ Address Same as Child

Address (if different than child) _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Primary Email _____

Employer _____ Work Phone (____) _____

MOTHER OR GUARDIAN

First Name _____ Last Name _____ Address Same as Child

Address (if different than child) _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Primary Email _____

Employer _____ Work Phone (____) _____

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HELP US GET TO KNOW YOUR CHILD

With which of the adults listed on the first page does the child live? (If custody is shared, please list the percent of time spent with each parent or guardian).

Does your child have siblings? If yes, please list below:

Name _____ Age ____ School _____

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Name _____ Age ____ School _____

Which languages other than English are spoken at home? To what extent?

Why do you want to enroll your child in Montessori School of Louisville? What immediate goals do you have for your child's development - academic, social, emotional?

How would you describe your child's personality and learning style?

If your child has special needs, please explain here what accommodations could be provided by Montessori School of Louisville to allow a fair evaluation for admission.

Has the student ever participated in psychological or educational assessment or counseling? If so, please share information about it, to help us better understand your child's needs.

(Copies of testing or evaluations are required by MSL and failure to be forthcoming with this information during admissions process may revoke admissions and enrollment eligibility.)

Parent or Guardian Signature _____ Application Date _____