



# ACORN MONTESSORI SCHOOL

## APPLICATION FOR ELEMENTARY PROGRAM

### LEVEL

- LOWER ELEMENTARY; GRADES 1-3  
 UPPER ELEMENTARY; GRADES 4-6

### PROGRAMS

- EARLY CARE 7:30—8:30 AM  
 AFTER CARE 3:00—6 PM  
 VACATION CARE DAYS

### START DATE

- IMMEDIATE OPENING  
 SUMMER 20\_\_\_\_  
 FALL 20\_\_\_\_

*Please attach a  
Photograph of your  
son or daughter.*

### APPLICANT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ NICKNAME \_\_\_\_\_  MALE  FEMALE  
 DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ APPLICANT'S SS# \_\_\_\_\_ PRESENT AGE \_\_\_\_\_ YRS. \_\_\_\_\_ Mos.

### FAMILY INFORMATION

MOTHER/GUARDIAN LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  MR.  MRS.  DR.  MS.

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ TOWNSHIP & COUNTY \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ HOME EMAIL \_\_\_\_\_ MOBILE TELEPHONE/PAGER \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_ OCCUPATION & TITLE \_\_\_\_\_ Business Telephone / Email \_\_\_\_\_

FATHER/GUARDIAN LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ MR.  MRS.  DR.  MS.

HOME ADDRESS (IF DIFFERENT FROM MOTHER) \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ TOWNSHIP & COUNTY \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ HOME EMAIL \_\_\_\_\_ MOBILE TELEPHONE/PAGER \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_ OCCUPATION & TITLE \_\_\_\_\_ BUSINESS TELEPHONE / EMAIL \_\_\_\_\_

PARENTS OR GUARDIANS ARE:  MARRIED  SEPARATED  DIVORCED  SINGLE  PARTNERS

NAME OF STEPPARENTS (IF APPLICABLE) \_\_\_\_\_

WITH WHOM DOES THE APPLICANT LIVE?  BOTH PARENTS;  MOTHER;  FATHER;  OTHER \_\_\_\_\_

DOES ANYONE CARE FOR THE CHILD, OTHER THAN THE PARENTS? IF SO, PLEASE EXPLAIN \_\_\_\_\_

HOW DID YOU HEAR ABOUT ACORN?  WORD-OF-MOUTH  SIGN ON RTE.31  ON-LINE/WEBSITE  REALTOR  
 NEWSPAPER: NAME \_\_\_\_\_  COMMUNITY EVENT: NAME \_\_\_\_\_  OTHER: \_\_\_\_\_

OFFICE USE ONLY			
DATE RECEIVED	TOUR DATE	STUDENT VISIT DATE	ENROLLMENT DATE

Yes  No DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS OR ALLERGIES?

Yes  No DOES YOUR CHILD HAVE ANY SIGNIFICANT MEDICAL HISTORY THAT WE NEED TO BE AWARE OF?

Yes  No IS YOUR CHILD CURRENTLY UNDER MEDICAL CARE OR TAKING ANY MEDICATION?  
IF SO, PLEASE LIST \_\_\_\_\_

Yes  No HAS YOUR CHILD HAD ANY REMEDIAL WORK, SPECIAL TUTORING, OR ENRICHMENT CLASSES?  
IF SO, IN WHAT ACADEMIC AREA? \_\_\_\_\_

Yes  No HAVE ANY DIAGNOSTIC EVALUATIONS (EDUCATIONAL/PSYCHOLOGICAL) EVER BEEN COMPLETED FOR YOUR CHILD?

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A SEPARATE SHEET WITH DETAILS AND, IF RELEVANT, REQUEST COPIES OF REPORTS TO BE SENT TO US FOR YOUR CHILD'S FILE.**

### SCHOOL INFORMATION

PRESENT SCHOOL \_\_\_\_\_ DATES OF ENROLLMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEACHER/DIRECTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PREVIOUS SCHOOL, (IF ANY):

SCHOOL NAME/ADDRESS \_\_\_\_\_ DATES OF ENROLLMENT \_\_\_\_\_ TEACHER/DIRECTOR \_\_\_\_\_

REASON FOR CHANGING SCHOOLS, IF APPLICABLE: \_\_\_\_\_

### PLEASE LIST OTHER CHILDREN IN YOUR FAMILY

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

### NAMES AND RELATIONSHIPS OF ANY FAMILY MEMBERS WHO HAVE ATTENDED ACORN MONTESSORI SCHOOL

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### GRANDPARENT INFORMATION

MATERNAL GRANDPARENT(S) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MATERNAL GRANDPARENT(S) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PATERNAL GRANDPARENT(S) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PATERNAL GRANDPARENT(S) NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PARENT ESSAYS—OUR PRIMARY GOAL IN THE ADMISSIONS PROCESS IS TO FIND THE RIGHT FIT BETWEEN SCHOOL, STUDENT AND FAMILY. PLEASE ANSWER THE QUESTIONS IN THE FOLLOWING SECTION AND FEEL FREE TO ATTACH ANY ADDITIONAL INFORMATION YOU THINK IS IMPORTANT TO THIS PROCESS. THANK YOU.**

WHAT IS IT ABOUT ACORN THAT APPEALS TO YOU? WHAT ARE YOUR EDUCATIONAL GOALS FOR YOUR CHILD?

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HOW DO YOU SEE YOUR CHILD IN HIS/HER SOCIAL & EMOTIONAL DEVELOPMENT?

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ARE THERE ANY AREAS IN WHICH WE MIGHT BE ABLE TO GIVE SPECIAL HELP AND ENCOURAGEMENT TO YOUR CHILD?

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PLEASE NOTE YOUR CHILD'S HOBBIES, SPECIAL INTERESTS, AND TALENTS.

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WHAT RESPONSIBILITIES DOES YOUR CHILD HAVE AROUND YOUR HOME AND NEIGHBORHOOD?

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AS PARENTS, WHAT DO YOU THINK YOUR ROLE WILL BE IN YOUR CHILD'S EDUCATION?

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IF THERE IS ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD THAT WE DID NOT ASK, PLEASE ATTACH A SEPARATE SHEET TO THE APPLICATION.

**FINANCIAL INFORMATION**

FINANCIAL RESPONSIBILITY FOR THE STUDENT’S TUITION WILL BE ASSUMED BY \_\_\_\_\_

ADDRESS, IF DIFFERENT FROM ABOVE \_\_\_\_\_

I WOULD BE INTERESTED IN RECEIVED INFORMATION ABOUT FINANCIAL AID.

UPON RECEIPT OF THIS APPLICATION AND FEE, YOUR CHILD WILL BE PLACED IN OUR ACTIVE APPLICANT POOL. THERE ARE MANY FACTORS THAT ARE TAKEN INTO CONSIDERATION FOR ACCEPTANCE INTO OUR PROGRAM, INCLUDING AGE AND GENDER.

**REQUIRED FOR APPLICATION:**

- ◆ TOUR OF SCHOOL AND CLASSROOM
- ◆ APPLICATION FORM, \$55 APPLICATION FEE, AND SIGNED RELEASE OF RECORDS FORM
- ◆ PARENTS, BY APPOINTMENT, OBSERVE A CLASS AND MEET WITH THE DIRECTOR OF ADMISSIONS
- ◆ PREVIOUS SCHOOL RECORDS AND RECOMMENDATION FORMS (IF APPLICABLE)
- ◆ ALL PROSPECTIVE STUDENTS ARE INTERVIEWED AND OBSERVED BY THE ELEMENTARY TEACHERS WHEN HAVING ONE OR MORE VISITS IN THE CLASSROOM

THE ENCLOSED \$55 APPLICATION FEE IS NONREFUNDABLE. IT IS UNDERSTOOD THAT STUDENTS ARE ENTERED FOR THE FULL SCHOOL YEAR. BILLS ARE TO BE PAID PROMPTLY. THE ACORN MONTESSORI SCHOOL RESERVES THE RIGHT TO AMEND OR WITHDRAW ANY PROGRAM FOR WHICH THERE IS INSUFFICIENT ENROLLMENT. THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES OR FINANCIAL AID. THIS APPLICATION IS REGARDED AS A FORMAL REQUEST FOR CONSIDERATION OF YOUR SON OR DAUGHTER AS A POTENTIAL STUDENT AT ACORN AND AS AUTHORIZATION FOR OUR OFFICE TO OBTAIN TRANSCRIPTS AND RECOMMENDATIONS FROM PREVIOUS SCHOOLS.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_



PLEASE SUBMIT APPLICATION TO:

**ACORN MONTESSORI SCHOOL**  
ATTN: ADMISSIONS OFFICE  
1222 ROUTE 31 NORTH  
LEBANON, NJ 08833

908-730-8986 (T)  
908-730-6797 (F)

EMAIL:  
ADMISSIONS@ACORNSCHOOL.ORG

VISIT US ON THE WEB AT  
ACORNSCHOOL.ORG



## AUTHORIZATION FOR THE RELEASE OF RECORDS

NAME OF APPLICANT \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

ON BEHALF OF MY CHILD, \_\_\_\_\_, WHO IS PRESENTLY ENROLLED AS A STUDENT AT YOUR SCHOOL, I HAVE APPLIED FOR ADMISSION TO THE ACORN MONTESSORI SCHOOL BEGINNING WITH THE TERM STARTING \_\_\_\_\_, 20\_\_\_\_,

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING:

- A COMPLETE COPY OF HIS/HER FILE
- A TRANSCRIPT OF HIS/HER ACADEMIC RECORD
- HEALTH FORMS
- RELEVANT TEST SCORES
- TEACHERS' COMMENTS & OBSERVATIONS OF HIS/HER OVERALL DEVELOPMENTAL PROGRESS

ENCLOSED YOU WILL ALSO FIND COPIES OF CONFIDENTIAL RECOMMENDATION FORMS TO BE COMPLETED BY APPROPRIATE STAFF MEMBERS.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE FORWARD RECORDS TO:

**ACORN MONTESSORI SCHOOL**  
**ATTN: ADMISSIONS OFFICE**  
**1222 ROUTE 31 NORTH**  
**LEBANON, NJ 08833**

908.730.8986 (T)

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