



ACORN MONTESSORI SCHOOL

APPLICATION FOR TODDLER/PRIMARY PROGRAM

LEVEL

- TODDLER: WALKING-36 MONTHS
 PRIMARY: 3-6 YEARS

START DATE

- IMMEDIATE OPENING
 SUMMER 20____
 FALL 20____

PROGRAMS

- MORNING ONLY 8:45AM—11:45AM
 LUNCH 11:45AM-12:30PM (PENDING AVAILABILITY)
 AFTERNOON ONLY 12:30PM—2:45PM
 FULL DAY 8:45AM—2:45PM
 EARLY CARE 7:30—8:45 AM
 AFTER CARE 2:45—6 PM
 VACATION CARE
 12-MONTH CARE (JULY 1—JUNE 30)

OPTION FOR TODDLERS & 3 YEAR OLDS

- 3 CONSECUTIVE DAYS
 M/T/W T/W/TH W/TH/F

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# _____ YRS. _____ Mos. PRESENT AGE _____

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	CHILD 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? WHY DO YOU THINK ACORN WOULD BE A GOOD CHOICE FOR YOUR SON OR DAUGHTER?

PLEASE CIRCLE 8 WORDS THAT BEST DESCRIBE YOUR CHILD.

- | | | | | | |
|-----------|------------|--------------|---------------|---------------|---------------|
| ORDERLY | NEAT | PLAYFUL | ACTIVE | CURIOUS | BUILDER |
| HELPFUL | PEACEFUL | SENSITIVE | ATTENTIVE | NATURE LOVING | |
| LIVELY | METHODICAL | ATTENTIVE | ARTISTIC | AMUSING | FREE SPIRITED |
| TALKATIVE | QUIET | RESERVED | CONFIDENT | DARING | |
| PASSIVE | GENTLE | CHEERFUL | LOGICAL | REFINED | GREGARIOUS |
| TIMID | DREAMER | ENTHUSIASTIC | INDIVIDUALIST | CONTENT | |
| CALM | HEADSTRONG | STUDIOUS | DILIGENT | RESPONSIBLE | TIRELESS |

WHAT RESPONSIBILITIES, IF ANY, DOES YOUR CHILD HAVE AROUND YOUR HOME AND NEIGHBORHOOD?

ADD ANY ADDITIONAL COMMENTS ON YOUR CHILD'S TEMPERAMENT AND LEARNING STYLE:

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 AND \$55 APPLICATION FEE
- ◆ PREVIOUS SCHOOL RECORDS AND RECOMMENDATION FORMS (IF APPLICABLE)
- ◆ CHILD VISIT IN CLASSROOM FOR TODDLER & PRIMARY AGES
- ◆ RELEASE OF RECORDS FORM

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 _____

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

FOR PARENTS OF CHILDREN CURRENTLY ATTENDING SCHOOL:

Parents of children with prior school experience are asked to complete this Release of Records form. This form gives Acorn Montessori School permission to obtain information from your child's current school.

Please submit this form with your child's application.

NAME OF APPLICANT _____ DATE OF BIRTH _____

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 ALL OF THE FOLLOWING:

- A COMPLETE COPY OF HIS/HER FILE
- A TRANSCRIPT OF HIS/HER ACADEMIC RECORD
- HEALTH FORMS
- RELEVANT TEST SCORES

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)

908.730.6797 (F)