



ACORN MONTESSORI SCHOOL

APPLICATION FOR ELEMENTARY PROGRAM

LEVEL

APPLYING FOR GRADE _____

PROGRAMS

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

START DATE

- IMMEDIATE OPENING
 SUMMER 20____
 FALL 20____

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____ NICKNAME _____ MALE FEMALE
 DATE OF BIRTH _____ PLACE OF BIRTH _____ 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 _____

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 _____

EMPLOYERS NAME _____ OCCUPATION & TITLE _____ BUSINESS TELEPHONE / EMAIL _____

PARENTS OR GUARDIANS ARE: MARRIED SEPARATED DIVORCED SINGLE PARTNERS WIDOWED

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 _____ DATE OF BIRTH _____ GRADE ____ SCHOOL _____

NAME _____ DATE OF BIRTH _____ GRADE ____ SCHOOL _____

NAME _____ DATE OF BIRTH _____ 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?

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

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

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

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

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

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 _____

ACORN HAS A LIMITED AMOUNT OF TUITION ASSISTANCE AVAILABLE. PLEASE REFER TO THE ADMISSIONS SECTION OF THE ACORN WEBSITE.

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, \$60 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 REQUIRED TO SPEND A MINIMUM OF ONE MORNING IN THE CLASSROOM, TO GIVE THEM THE OPPORTUNITY TO EXPERIENCE THE MONTESSORI ELEMENTARY CLASSROOM.

THE ENCLOSED \$60 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

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