



# ACORN MONTESSORI SCHOOL

## APPLICATION FOR TODDLER/PRIMARY PROGRAM

LEVEL	PROGRAMS	OPTION FOR TODDLERS & 3 YEAR OLDS
<input type="checkbox"/> TODDLER: WALKING-36 MONTHS <input type="checkbox"/> PRIMARY: 3-6 YEARS	<input type="checkbox"/> MORNING ONLY 8:45AM—11:45AM <input type="checkbox"/> LUNCH 11:45AM-12:30PM (PENDING AVAILABILITY) <input type="checkbox"/> AFTERNOON ONLY 12:30PM—2:45PM <input type="checkbox"/> FULL DAY 8:45AM—2:45PM <input type="checkbox"/> EARLY CARE 7:30—8:45 AM <input type="checkbox"/> AFTER CARE 2:45—6 PM <input type="checkbox"/> VACATION CARE <input type="checkbox"/> 12-MONTH CARE 7:30AM—6PM (JULY 1—JUNE 30)	3 CONSECUTIVE DAYS <input type="checkbox"/> M/T/W <input type="checkbox"/> T/W/TH <input type="checkbox"/> W/TH/F
START DATE		
<input type="checkbox"/> IMMEDIATE OPENING <input type="checkbox"/> SUMMER 20____ <input type="checkbox"/> 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	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 \_\_\_\_\_ 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? WHY DO YOU THINK ACORN WOULD BE A GOOD CHOICE FOR YOUR SON OR DAUGHTER?

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PLEASE CIRCLE 8 WORDS THAT BEST DESCRIBE YOUR CHILD.

- |           |            |              |               |               |               |
|-----------|------------|--------------|---------------|---------------|---------------|
| ORDERLY   | NEAT       | PLAYFUL      | ACTIVE        | CURIOUS       | BUILDER       |
| HELPFUL   | PEACEFUL   | SENSITIVE    | ATTENTIVE     | NATURE LOVING |               |
| LIVELY    | METHODICAL | REFLECTIVE   | 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?

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

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WHAT ARE YOUR IMMEDIATE EDUCATIONAL GOALS FOR YOUR CHILD?

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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 \_\_\_\_\_

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

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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 \$60 APPLICATION FEE
- ◆ PREVIOUS SCHOOL RECORDS AND RECOMMENDATION FORMS (IF APPLICABLE)
- ◆ CHILD VISIT IN CLASSROOM
- ◆ RELEASE OF RECORDS FORM

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, ADMISSIONS 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)