



West-Mont Montessori School

Application for Admission

2010/2011 School Year

Today's Date: _____

Applicants Name: _____ M F
FIRST MIDDLE LAST

Address _____ Telephone # _____

Legal Name: *(If different from above)* _____ Name Applicant is Called *(If different from above)* _____

Applicant's Citizenship _____ Date of Birth: Year _____ Month _____ Day _____

Level into which Admission is requested:		School Year Applied for:	
Pre-School: Morning <input type="checkbox"/>	Afternoon <i>(if offered)</i> <input type="checkbox"/>	Full Day <input type="checkbox"/>	
Kindergarten <i>(age 5 by Dec. 31/10)</i> : Morning <input type="checkbox"/>	Afternoon <i>(if offered)</i> <input type="checkbox"/>	Full Day <input type="checkbox"/>	
Elementary/Middle School Grade: _____		Home School <input type="checkbox"/>	

Name of Current School *(If applicable)* _____ Address _____ Phone Number _____

Father's Name _____ Father's Citizenship _____

Address *(If different from student address)* _____

Phone *(home)* _____ *(business)* _____ *(cell)* _____ E-Mail _____

Occupation *(Please be as specific as possible)* _____ Professional Title *(If applicable)* _____

Name of Employer _____ Address of Employment _____

Mother's Name _____ Mother's Citizenship _____

Address *(If different from student address)* _____

Phone *(home)* _____ *(business)* _____ *(cell)* _____ E-Mail _____

Occupation *(Please be as specific as possible)* _____ Professional Title *(If applicable)* _____

Name of Employer _____ Address of Employment _____

Payment Option *(check one)*:

In Full *(due July, 2010)* for the school year 2010-2011
12 monthly payments *(July 1, 2010 to June 1, 2011)*

PLEASE ATTACH THE \$100 REGISTRATION FEE TO THIS FORM. THANK YOU.



Sibling Information:

Name Age School

Name Age School

Name Age School

Applicant lives with: Both parents Father only Mother only Guardian

Other (please specify): _____

Has the applicant had any psycho-educational assessment? Yes No
(If yes, please include the assessment with this application.)

Has the applicant ever had Learning Assistance of any kind? Yes No

If yes, please explain the nature and duration of this assistance: _____

Do you give permission for a teacher from West-Mont to contact the applicant’s current school to discuss his/her progress?
Yes No

Is there any other information about the applicant that you feel the School should know in order to help him/her integrate well into the school (e.g. academic, social, medical situations)?

How did you first hear about West-Mont Montessori School:

A current parent A member of West-Mont staff A current student Newspaper advertisement
A former student Magazine advertisement Web search

Have you visited the West-Mont website? Yes No

Please enclose with this application child’s most recent school report, if applicable.

Is there any person NOT permitted access to the child? Yes No
(If yes, please attach relevant information to this application)

Declaration of Parent or Guardian:			
For the purpose of establishing eligibility to receive the annual grant to Independent Schools from the BC Ministry of Education, I declare that either:			
I am a citizen of Canada or a landed immigrant and a permanent resident of British Columbia, or			
I have been lawfully admitted to Canada and I am a resident in British Columbia			
_____	_____	_____	_____
Signature of Parent or Guardian	Date	Signature of Parent/Guardian	Date