



# West-Mont Montessori School

## Application for Admission

2011/2012 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 \_\_\_\_\_

<b>Level into which Admission is requested:</b>		<b>School Year Applied for:</b>	
Pre-School:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Full Day <input type="checkbox"/>
Kindergarten <i>(age 5 by Dec. 31/11):</i>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Full Day <input type="checkbox"/>
Elementary/Middle School Grade: _____			

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

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 \_\_\_\_\_

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 \_\_\_\_\_

Payment Option *(check one):*

In Full *(due July, 2011)* for the school year 2011-2012   
12 monthly payments *(July 1, 2011 to June 1, 2012)*

**PLEASE ATTACH THE \$75 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

Office Use Only - Exit Date: \_\_\_\_\_