

LEARNING GARDEN MONTESSORI SCHOOL

266 Aguirre Ave., Phase 3, BF Homes, Paranaque City

APPLICATION FOR GRADE SCHOOL

Grade Level _____

School Year 20__ - 20__

Student's Full Name _____

(As it should appear on school records)

☐

Male

☐

Female

Date of Birth _____

Place of Birth _____

Student's Home Address: _____

Parent(s)/Guardian(s): _____

Address: _____

We would appreciate
a recent photograph
of your son or
daughter.

Home Telephone _____

Please list all members of the student's family household:

Parent(s) _____

Other adult(s) _____

Sibling	Age	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family status

☐ Parents happily married

☐ Father deceased

☐ Parents separated

☐ Mother deceased

☐ Parents divorced

☐ Father remarried

☐ Mother remarried

☐ Was the student adopted? _____ Date _____

Financial responsibility for the student's tuition will be
assumed by: _____

Address if different from above

Father's full name: _____

Street _____

City _____

Home phone _____ Work phone _____

Employer _____ Position _____

Colleges attended: degrees _____

Mother's full Name: _____

Street _____

City _____

Home phone _____ Work phone _____

Employer _____ Position _____

Colleges attended: degrees _____

Names and relationship of any family members who have attended Learning Garden Montessori School?

Your child's present school: _____ Date of Enrollment: _____ - _____

School's address _____

School phone _____ Teacher/Adviser _____

Previous School	Address	Dates of enrollment
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Has your child had any specialized tests or evaluation? If so, please list:

Test/Evaluation _____	Administered by _____	Date _____
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Test/Evaluation _____	Administered by _____	Date _____
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Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe:

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son/daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed?

What is it about our school that appeals to you? Why do you think we might be a good choice for your son/daughter?

Describe your child's previous school experience.

Describe the aspects of your child's previous school experience with which you have been more pleased?

Has your child experienced any difficulties in school? If so, what have you or the school provided?

What would you most like to see our school accomplish with your child over the next few years?

How does your child spend his/her time outside of school (e.g. sports, clubs, hobbies, scouts, classes, special activities, etc.)

What are your child's major interests at this time?

Please describe your child's social relationships with adults and other children.

Please enclose the application fee of P500.00 with your application. This fee is not refundable. Your application is regarded as a formal request for consideration of your son/daughter as a potential student at Learning Garden Montessori School, and as authorization to our office to obtain transcripts and recommendations from previous schools.

We welcome and consider all applications without regard to race, religion, or ethnic or national background.

Authorization for the Release of Records

School _____

Teacher or adviser _____

Address _____

School phone _____ Fax _____

On behalf of my child, _____, who is presently enrolled as a student at your school, I have applied for admission to the Learning Garden Montessori School starting _____, 20____. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments, and observations of his/her overall development and progress. Enclosed you will also find copies of our confidential recommendation forms to be completed by appropriate staff members.

Signature of parent or guardian

Date

Please forward these records to:
LEARNING GARDEN MONTESSORI SCHOOL
266 Aguirre Ave., Phase 3, BF Homes, Paranaque City
820-4064 Telefax