

Applicant Information

Student Full Name: _____
(As on birth certificate) Last First Middle

Date of Birth (MM/DD/YY): _____ Gender: _____ Home Phone: _____

Mailing Address: _____ Postal Code: _____

Citizenship Status: _____
(If not a Canadian Citizen, please provide a copy of Canadian residency documentation: i.e. work permit, permanent resident card.)

Date of Application: _____ School year applied for: _____

Program applied for: **Preschool** **Bambini** **Extended Day** **Elementary**
 (Ages 3&4 – Half Day) (Ages 3&4 – Full Day) (Age 5 – Kindergarten) (Ages 6 – 12)

If applicable, I authorize the Montessori School of Calgary to contact current and previous schools to obtain information to support my child's application.

Parent or Guardian Signature: _____ Date: _____

Aboriginal Declaration: If you wish to declare the student Aboriginal, please check one:

First Nation (Status) First Nation (Non-Status) Métis Inuit

Resident Board: School board to which your taxes are directed. Check one:

Calgary Public Calgary Catholic Rockyview Other (Specify): _____

For further information, please refer to: www.education.alberta.ca/system-supports/results-reporting or contact Alberta Education at 780-427-8501.

Application for Admission

Family Information

Name of Parent or Guardian: _____ Relationship to Child: _____

Home Address: _____ Postal Code: _____

Cell: _____ Email: _____

Company Name: _____ Work Phone: _____

Name of Parent or Guardian: _____ Relationship to Child: _____

Home Address: _____ Postal Code: _____

Cell: _____ Email: _____

Company Name: _____ Work Phone: _____

Person to contact in case of emergency **other than** parent or guardian:

Name: _____ Relationship to Child: _____ Phone: _____

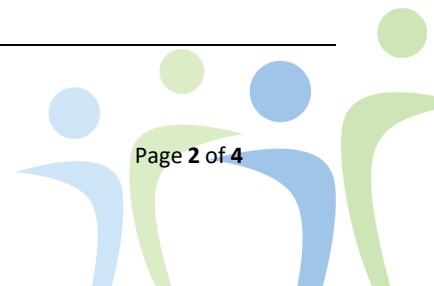
Home Address: _____

The Montessori School of Calgary releases children to person(s) whom the school has received written authorization. Those person(s) authorized to pick up your child from the school are:

_____	_____
_____	_____
_____	_____

Medical Information

Please specify any serious medical conditions (diabetes, asthma, etc.), life-threatening allergies (peanuts, insect stings, shellfish, etc.) and if the student carries an Epi Pack.



Application for Admission

Living Arrangements

Understanding your child's background and their home environment enables us to make appropriate and informed decisions with regards to your child's application. Thank you for your understanding and cooperation.

Please indicate the current status of each parent (i.e. married, separated, divorced, remarried, etc.): _____

Custody or Guardianship Information

Student **PRIMARILY** lives with: _____

e.g., Mother, Father, Legal Guardian, Stepmother, Stepfather, Other (Specify)

If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.

Name and date of most current legal document _____ Attach copy

Name MM/DD/YY

Siblings

Name: _____ D.O.B: _____ School: _____
(MM/DD/YY)

Name: _____ D.O.B: _____ School: _____
(MM/DD/YY)

Name: _____ D.O.B: _____ School: _____
(MM/DD/YY)

Does the child have an additional caregiver? _____

If applicable, which languages, other than English, are spoken at home? _____

Scholastic Data

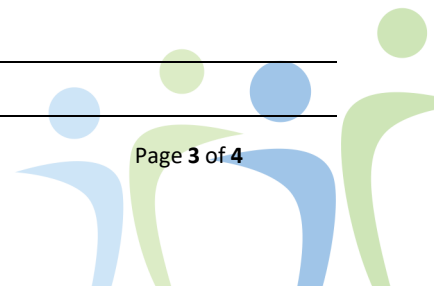
How did you hear about the Montessori School of Calgary? _____

To which other schools are you applying? _____

If applicable, which school has your child previously attended, and for what length of time?

School: _____ Date attended: _____

School: _____ Date attended: _____



Application for Admission

What motivated you to apply to the Montessori School of Calgary? _____

Admission Requirements - Please enclose the following with this application

- \$150.00 non-refundable application fee
- Copy of student's birth certificate
(if the student is not Canadian, please include a copy of the Landed Immigrant Form or Student Visa)
- If applicable, a copy of the student's most recent school report

The information collected on this application form is protected under Personal Information Protection Act (PIPA). If the applicant is unsuccessful, this form along with any accompanying documents, test results and interview notes will be disposed of in a confidential manner. If the applicant is successful and enrolled at the Montessori School of Calgary, this information will be confidentially managed by the school. If you have any questions regarding the collection of student information by the school, please contact the School Administrator **Patti van Zeyl** at patti.vanzeyl@msofc.ca or call 403-229-1011.

I/We attest that the information provided on this Application for Admission form is true and correct at the time of signing. Any of the foregoing information that changes will be provided to the school in a timely manner any time prior or during the admissions process, and any time following enrolment.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

