



Quest Montessori School

Application for Student Admission

Please submit this form, the \$75 application fee, the applicant's school records and teacher recommendation form completed by the applicant's current teacher to: Quest Montessori School, PO Box 299, Exeter, RI 02822.

Application Fee: \$75.00 Applying for the 20__ to 20__ academic year for enrollment in:

- Preschool, Kindergarten, Grade 1, Grade 2, Grade 3, Grade 4, Grade 5, Grade 6, Grade 7, Grade 8

STUDENT INFORMATION:

Full name, Nickname, Birth Date, Gender (Male/Female), Current Age, Age Sept. 1 of Year Seeking to Enroll Student, Home Street and Mailing address, City/Town and State, Zip, Home phone number

CURRENT SCHOOL:

Student's current grade level, Current school name

Reason for leaving

Has this student ever been referred to anyone for academic evaluation or special testing? If so, please describe.

PREVIOUS SCHOOL HISTORY:

School name, Address, Phone

Dates attended, Reason for leaving

FAMILY INFORMATION:

First parent's Information

Full name

Nickname

Street address

City/Town

State and Zip

Home phone

Home Email

Mobile number

Profession

Employer

Employer's street address

City/Town, State, Zip

Work phone

Work fax (optional)

Work Email (optional)

Second parent's Information

Full name

Nickname

Street address

City/Town

State and Zip

Home phone

Home Email

Mobile number

Profession

Employer

Employer's street address

City/Town, State, Zip

Work phone

Work fax (optional)

Work Email (optional)

Student lives with: Both parents One parent: _____ (please specify) Other : _____ (please specify)

Name(s) of adult(s) responsible for tuition payments:

Sibling Information: (please list the names, current grades and ages of any siblings)

STUDENT'S MEDICAL HISTORY:

Any allergies? ___ Yes ___ No. If yes, please list below.

Any long term medications? ___ Yes ___ No. If yes, please list below.

Does this student have any pre-existing medical conditions/illness, such as diabetes, asthma, Hepatitis B, ADD, ADHD? ___ Yes ___ No. If yes, please list below.

Has this student been seen by a medical specialist? ___ Yes ___ No. If yes, please specify.

Does this student have any special physical, cognitive or emotional needs? ___ Yes ___ No. If yes, please specify.

ADDITIONAL INFORMATION:

Why do you want your child to attend Quest Montessori School?

How did you first learn about Quest Montessori School?

I have read and understand the Quest Montessori School Admissions Policy.

Signature of parent or guardian

Date