



Date: _____

Application for Student Admission

Application Fee: \$75.00

Please submit this form, the \$75 application fee and teacher/childcare provider recommendation form completed to:

Quest Montessori School, 1150 Boston Neck Road, Narragansett, RI 02882.

Applying for the 20____ to 20____ academic year for enrollment in:

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Toddler (18m - 3y) Half-day | <input type="checkbox"/> Full-day | <input type="checkbox"/> Grade 4 |
| <input type="checkbox"/> Primary (3y - 6y) Half-day | <input type="checkbox"/> Full-day | <input type="checkbox"/> Grade 5 |
| <input type="checkbox"/> Grade 1 | | <input type="checkbox"/> Grade 6 |
| <input type="checkbox"/> Grade 2 | | <input type="checkbox"/> Grade 7 |
| <input type="checkbox"/> Grade 3 | | <input type="checkbox"/> Grade 8 |

STUDENT INFORMATION:

Full name

Nickname

____/____/____

Male

Female

Birth Date

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

PREVIOUS SCHOOL HISTORY:

School name

Address

Phone

Dates attended

Reason for leaving

We are thrilled that your family is interested in Quest. We are a nurturing community that is truly "whole child". We want to make sure that we are equipped to meet the needs of your student, so it is important that you provide all of the necessary information. It is of utmost importance to us that your student have a quality education here at Quest.

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, ADHD? ___ Yes ___ No.
If yes, please list below.

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

Has this student been seen by a specialist for support in any of the following areas?

- Academic Behavioral
 Emotional Medical

If yes, please explain:

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?

Are you interested in your child attending Quest Montessori School through Middle 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

STUDENT’S ETHNICITY:

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but a are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

REQUESTED CIVIL RIGHTS COMPLIANCE INFORMATION:

I do not wish to furnish this information	<input type="checkbox"/>
Ethnicity:	
Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
Race/National Origin:	
American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Sex:	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discrimination based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (E.G., Braille, large print, audiotape, American sign language, etc.) should contact the responsible Agency or USDA’s TARGET center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. To file a discrimination complaint, Complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: 1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 2) Fax: (202)690-7442; or 3) Email: program.intake@usda. USDA is an equal opportunity provider, employer, and lender.