



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 _____	
____/____/____	<input type="checkbox"/> Male	<input type="checkbox"/> 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 _____

FAMILY INFORMATION:

First parent’s Information

Full name

Nickname

Street address

City/Town State and Zip

Home phone

Mobile number

Email

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

Mobile number

Email

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: _____ Other _____
(please specify) (please specify)

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

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

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 ACADEMIC/MEDICAL HISTORY:

Has your child been seen by a specialist for support in any of the following areas?

- Academic Behavioral Emotional Medical

If yes, please explain:

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

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

Does your child have any of the following? If yes, copies will be requested as part of the admissions process.

- Neuropsychological Evaluation Education Evaluation IEP 504 Other: _____

Does your child require any cognitive, emotional, medical, or physical support? ___ Yes ___ No. If yes, please specify.

ADDITIONAL INFORMATION:

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

How long are you interested in your child attending Quest Montessori School?

- Through Kindergarten Through Elementary 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 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**

- Ethnicity:**
 - Hispanic or Latino
 - Not Hispanic or Latino

- Race/National Origin:**
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

- Sex:**
 - Female
 - Male

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.