



Application for Admission 2010 - 2011

CHECK DESIRED PROGRAM:

- Half Day Toddler: 9:00 am - 12:30 pm (1 - 3 years)
- Full Day Toddler: 9 am - 3:15 pm (1 - 3 years)
- Elementary: 8:30 am - 3:30 pm (6 - 12 years)
- Half-Day Primary: 9:00 am - 12:30 pm (3-6 years)
- Full-Day Primary: 9 am - 3:15 pm (3-6 years)

AM/PM Care (available for Full Day Enrollments only):

We will not need AM/PM Care

We will need: AM Care - approx. drop-off time: _____ PM Care - approx. pick-up time: _____

Student's Name _____
First Middle Last Calling Name Birth date

Home Address _____ Male Female

City State Zip Code Phone

If child has had previous Montessori experience, Name of school _____

Complete address of school _____

School's telephone _____ Dates Attended _____

What date would this child be available to start? _____ Is another child in your family applying? YES NO

Have you made application to Three Tree Montessori School previously? YES NO

Have you observed at Three Tree Montessori School? YES NO If yes, on what date? (month/year) _____

Upon enrollment, the following contact information will be used for the Family Directory unless otherwise indicated:

Parent/Guardian Full Name _____

Home Address if different from student _____ (____) _____ Phone

email address _____

Occupation _____

Parent/Guardian Full Name _____

Home Address if different from student _____ (____) _____ Phone

email address _____

Occupation _____

Please do not include our family information in the Family Directory.

Who of named parent/guardian is responsible for child's support? _____

Names and ages of siblings (include current school): _____

To whom should billing be sent if other than above? _____

Relatives who are attending or have attended TTM: _____

How did you hear about Three Tree Montessori? _____

The following information will enable us to get to know this child better.

What are your educational goals for this child? How do you see Three Tree Montessori School facilitating these goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

Does this child have any hobbies, sports, or special interests, or unusual capabilities or talents?

How do you see this child in his/her social and emotional development?

Does this child have foreign language education or background?

Is this child's general development & academic performance in her/his present school consistent with your expectations?

Has this child had any remedial work, special tutoring, or enrichment classes during the past 2 years? If so, in what academic area?

Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been completed for this child? Please give details. Please request that a copy of educational testing or evaluations be sent to us.

Are you aware of any areas in which we might be able to give special help and encouragement to this child?

Signature of Parent or Guardian making application _____ **Date** _____

Signature of Parent or Guardian making application _____ **Date** _____

For families new to Three Tree Montessori School, a non-refundable application fee of \$75 must accompany this application.

Three Tree Montessori School
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