

Please mail completed form to:

Penfield Montessori Academy
c/o Amy Bontempo
1441 N. 24th Street
Milwaukee, WI 53205



PENFIELD
MONTESSORI ACADEMY

Eligibility Requirements:

- K3-** Child must turn 3 years old on or before September 1, 2018.
- K4-** Child must turn 4 years old on or before September 1, 2018.
- K5-** Child must turn 5 years old on or before September 1, 2018.

Intent to Enroll Form

Please Note:

1. One application is required for each child you enroll.
2. Complete all information on the form.
3. Please provide copies of the following: Child's current immunization record, copy of birth certificate and proof of residency.
4. If your child has been evaluated for special needs please provide us with a copy of: the Individual Education Plan (IEP), evaluations and/or other pertinent information.

Student Information (Please print clearly)

Child's First Name: _____ Middle Name: _____ Last Name: _____

Student's Home Address: _____ City: _____ State: ____ Zip Code: _____

Gender: ____ Male ____ Female Date of Birth: ____/____/____ Age as of September 1, 2018: _____

School previously attended: _____ City and State of school: _____

Program in which you are enrolling your child: ____K3 ____K4 ____K5 (No availability in 1st or 2nd grade)

Federal Race/Ethnicity categories required by No Child Left Behind:

(Part A - Check ONLY one)

____ No, not Hispanic/Latino ____ Yes, Hispanic/Latino

(Part B - Check ALL that apply)

____ American Indian or Alaska Native ____ Asian ____ Black or African American

____ Native Hawaiian or Other Pacific Islander ____ Caucasian ____ Other

What primary language is spoken at home? _____ What is the child's primary language? _____

Do you have any concerns regarding your child and his/her development? _____

Are special education services needed? ____ Yes ____ No

Does your child have an IEP? ____ Yes ____ No (If yes, attach copy of IEP and evaluations)

(Please see other side)

Are any brothers or sisters planning to attend or already attending Penfield Montessori? ___Yes ___ No

If yes, sibling's name is _____

Does your child have previous Montessori experience? ___Yes ___No

If yes, the school's name is _____

Family Information (Please print clearly)

Parent/Guardian (1): Name _____ Email: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Parent/Guardian (2): Name _____ Email: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Who does the child live with? ___ Mother ___ Father ___ Both _____ Other

Will you need child care after school? ___Yes ___No

Please initial:

_____ I understand that Montessori Children's House (K3, K4, K5) is a three year cycle and I commit to sending my child all three years.

_____ I understand that Penfield Montessori requires parent engagement and I am anxious to be involved in my child's school and education.

_____ I understand that Penfield Montessori requires children to be toilet trained and that the only exception is if the child has a special need that is prohibiting him/her from being toilet trained.

_____ I understand that Penfield Montessori does not offer transportation and that the only exception is if the child has a disability that prohibits the parents from transporting him/her to and from school.

_____ I understand that completion of this Intent to Enroll Form does not guarantee admission into the school, but is the first step in the process of obtaining enrollment at Penfield Montessori for my child.

Parent Signature: _____ Date: _____