



**Alcuin Montessori School**  
 324 North Oak Park Avenue  
 Oak Park IL 60302  
 708.366.1882  
 www.alcuin.org

# APPLICATION FOR ADMISSION

Application is hereby made for the admission of my child as a student at Alcuin Montessori School. The following information is submitted as part of this application. *Please note, per the Missing Children's Act [325 ILCS 55/0] a copy of your child's birth certificate is required to be on file upon acceptance into the program.*

## FAMILY INFORMATION

### CHILD'S INFORMATION:

First Name	Middle Name	Last Name	Prefers to be called
Birth Date	Age as of Sept. 1, 2015	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	(____)_____ Home Phone
Family Address		City	State/ Zip
Previous School		Head/Principal of School	(____)_____ School Phone
School Address		City	State/ Zip

Please list schools previously attended in order of dates of attendance:

	Current grade	Dates of enrollment
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### PARENT 1 INFORMATION:

### PARENT 2 INFORMATION:

Relationship to Child _____	Relationship to Child _____
First Name                      Last Name	First Name                      Last Name
Address                                      City/Zip	Address                                      City/Zip
Occupation/title	Occupation/title
Business Name                      Business Phone	Business Name                      Business Phone
Business Address                      City/Zip	Business Address                      City/Zip
Cell Phone                      Preferred E-mail	Cell Phone                      Preferred E-mail

*Check Appropriate:*

- Parents Married      • Co-Parents      • Parents Separated      • Parents Divorced      • Single Parent
- Mother Deceased      • Father Deceased      • Father Remarried \_\_\_\_\_      • Mother Remarried \_\_\_\_\_

Step Parent Name                      Step Parent Name

Who has custody? \_\_\_\_\_

Name(s) and birthdate(s) of siblings and schools currently attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcuin Montessori Alumni \_\_\_\_\_

Name(s) of grandparents \_\_\_\_\_

Address \_\_\_\_\_

Name(s) of grandparents \_\_\_\_\_

Address \_\_\_\_\_

**CULTURAL HERITAGE (OPTIONAL)**

Alcuin Montessori School is committed to diversity. We honor and respect all racial, cultural and ethnic groups. Alcuin Montessori does not discriminate on the basis of race, religion, national, sexual orientation, gender or creed. My child is: (Check all that apply)

- African American • Asian • Caucasian • Latino/Latina • Native American • Multi-Racial

Other Cultural Information \_\_\_\_\_

**How did you hear about Alcuin Montessori School?**

- Alcuin Web site • Other Web site • School fair (name) \_\_\_\_\_ • Referral (name) \_\_\_\_\_
- Ad \_\_\_\_\_ • Drive By School • Other \_\_\_\_\_

**PLEASE CHECK PROGRAM DESIRED BELOW**

- \_\_\_ **Parent/Infant** Birth to 18 months 8:45 to 10:30 Friday Mornings
- \_\_\_ **Toddler** 18 to 30 months 8:30 to 11:30 Circle: Mon-Wed Mon-Thurs Mon-Fri
- \_\_\_ **Primary Half Day** 3 to 5 years 8:30 to 11:30 Monday through Friday
- \_\_\_ **Primary Extended Day** 5 to 6 years 8:30 to 3:00 Monday through Friday
- \_\_\_ **Primary Day House** 3 to 6 years 11:30 to 3:00 Monday through Friday
- \_\_\_ **Primary Day House** 3 to 6 years 3:00 to 6:00 Monday through Friday
- \_\_\_ **Elementary** 6 to 12 years 8:30 to 3:15 Monday through Friday
- \_\_\_ **Elementary Day House** 6 to 12 years 3:15 to 6:00 Monday through Friday
- \_\_\_ **Middle School** 12 to 14 years 8:45 to 3:45 Monday through Friday
- \_\_\_ **Morning** 3 to 12 years 7:15 to 8:30 Monday through Friday

**FINANCIAL AID**

Alcuin awards financial aid grants based on demonstrated financial need. You may apply online for financial aid by visiting our Web site: [www.alcuin.org](http://www.alcuin.org) and selecting the "Tuition and Fees" section under "Admissions".

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Return this application with the following survey and application/assessment fee to:

**Alcuin Montessori School, 324 N. Oak Park Avenue, Oak Park, IL 60302 Phone: 708-366-1882 Fax: 708-386-1892**

**PARENTS' PERSPECTIVE CHILD'S NAME \_\_\_\_\_**

*At Alcuin, we value open communication and the partnership between parents and the school. In our efforts to appreciate the uniqueness of each child and help to ensure a smooth transition into our community we invite you to comment on your child's strengths, interests and special needs as appropriate in the space below. Please feel free to use a separate piece of paper if you need more space.*

1. What do you consider to be your child's special strengths?
2. What do you think are your child's most important needs in a school setting?
3. In the next few years, what overall goals do you have for your child's learning and growth?
4. What aspects of Alcuin's program do you feel will be beneficial to your child?
5. Please describe your child's previous school or daycare experience, academically and socially.
6. What are your child's favorite free-time activities?
7. How many hours of television/videos/DVDs/computer games does your child watch per week and which programs?
8. What are your strengths and needs as a parent?
9. What are some things you enjoy doing with your child? How much time do you spend doing them together?
10. What is each parent's/guardian's approach to discipline?

11. What chores does your child do at home on a regular basis?

12. Explain a recent situation that gave you the opportunity to teach your child about a racial, economic, or physical difference. What was your biggest challenge?

13. Describe the ideal teacher.

14. What involvement have you had at your child's school?

15. Alcuin requires parent participation each year. In what ways would you hope to fulfill your required volunteer hours to participate at Alcuin Montessori School and serve the Alcuin community?

Does your child have any academic, emotional or physical conditions that would require special treatment or consideration?

No  Yes If yes, please explain:

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Is the applicant now receiving specialized medical treatment or taking medication regularly?  Yes  No

If yes, please summarize: \_\_\_\_\_

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What was the most important aspect of your decision to apply to Alcuin? \_\_\_\_\_

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To which other schools will you apply? \_\_\_\_\_

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If you would like to share additional thoughts about your child, please attach an additional sheet.