



Cedar River MONTESSORI



Student Application Form

Please fill out the entire application. If a question is not applicable, please write N/A.

Student First Name		Last Name		Applying for:				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate	<input type="checkbox"/> Full-Day Early Childhood				
Parent Name(s)			<input type="checkbox"/> Half-Day Early Childhood					
Applying for fall	20____	Interested in a spot mid-year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Morning only - 9:00-12:00 As space available			
Current School (if applicable)			<input type="checkbox"/> Grades 1-3					
Office Use Only				<input type="checkbox"/> Grades 4-6				
Date Received	/ /	Age	Age @ 9/1	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> M	<input type="checkbox"/> Middle School

Student Information

HEALTH INFORMATION

Date of last physical

Please describe any health issues of which we should be aware, such as previous or chronic illnesses, asthma, frequent sore throats or ear aches, etc. (Please describe any allergies in the allergy section below.)

ALLERGY INFORMATION

Allergy: Mild Average Severe Medication at school:

Reaction/additional information:

Allergy: Mild Average Severe Medication at school:

Reaction/additional information:

Allergy: Mild Average Severe Medication at school:

Reaction/additional information:

Allergy: Mild Average Severe Medication at school:

Reaction/additional information:

Physician/pediatrician

Phone

Specialist

Phone

Dentist

Phone

Orthodontist

Phone

IMMUNIZATION INFORMATION

Upon acceptance, you will be required to complete a *Certificate of Immunization Status*. This is pursuant to Washington State Administrative Code 180-38-060, which requires that you provide immunization records prior to enrollment.

If you choose not to have your child immunized then you must complete and sign either a personal or religious exemption. If you choose either of these in place of having your child immunized then you need to be aware that in the event of an outbreak of contagious disease, your child may be excluded from educational services at CRMS. Immunization can be obtained from public health agencies or from you physician.

CRMS uses the Washington State Department of Health form DOH 348-013 *Certificate of Immunization Status* for all students, and this form will be provided to you prior to your child receiving educational services at CRMS. This form must be completed and signed by the appropriate parties indicated on the form.

SIBLING INFORMATION

Name

Gender

Birthdate

Male Female

/ /

Male Female

/ /

Male Female

/ /

Student Information (cont.)

OTHER INFORMATION

Primary language spoken at home		Secondary language	
How would you describe your child's personality?			
Are there any areas of concern of which we should be aware?			
Are there any family circumstances of which we should be aware?			
What is your and/or your child's experience with Montessori education?			
How did you hear about Cedar River Montessori School? (please check all that apply)			
<input type="checkbox"/> Google/Bing	<input type="checkbox"/> Red Tricycle	<input type="checkbox"/> ParentMap	<input type="checkbox"/> Seattle's Child
<input type="checkbox"/> Preschool or School Fair:		<input type="checkbox"/> Current/Alumni Family:	
<input type="checkbox"/> Other:			

OPTIONAL INFORMATION

Student's Ethnic/Cultural Background (check all that apply)			
<input type="checkbox"/> African / African-American	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Asian / Asian-American	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> Native American		
Grandparents (#1)		Grandparents (#2)	
Name(s)		Name(s)	
Address		Address	
City/St/Zip		City/St/Zip	
Phone		Phone	

FINANCIAL AID INFORMATION

We have a small financial aid program available to families who have volunteered 10 or more hours in the year prior to application. Please see the website for more information - www.CedarRiverMontessori.org.

PARENT/GUARDIAN SIGNATURE(S)

Signature(s)	Date
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