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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: (check all that apply)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			Birthdate				<input type="checkbox"/> Full-Day Early Childhood	
Parent Name(s)								<input type="checkbox"/> Morning Early Childhood (3 year olds only)	
Current School (if applicable)								<input type="checkbox"/> Afternoon Early Childhood (3 year olds only)	
Office Use Only									
Date Received	/	/	Age		Age @ 9/1			<input type="checkbox"/> Grades 1-3	
Interview Date	/	/	A/D		P/W Due		<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> M	<input type="checkbox"/> Grades 4-6	
									For Fall 20 ____

Family Information

HOUSEHOLD ONE			
Street Address			
City		State	Zip
Home Phone		Home Email	
Parent/Guardian #1		Parent/Guardian #2	
First Name		First Name	
Last Name		Last Name	
Relationship to Student		Relationship to Student	
Occupation		Occupation	
Company		Company	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Personal Email		Personal Email	

HOUSEHOLD TWO (if applicable)			
Street Address			
City		State	Zip
Home Phone		Home Email	
Parent/Guardian #3		Parent/Guardian #4	
First Name		First Name	
Last Name		Last Name	
Relationship to Student		Relationship to Student	
Occupation		Occupation	
Company		Company	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Personal Email		Personal Email	
Please explain custody arrangements:			

EMERGENCY CONTACT INFORMATION			
Which parent/guardian should we contact first in case of emergency? Please list names and numbers in order of who we should call. Please give each phone number a new line, even if it is the same person.			
	Name	Phone	Name
1.			5.
2.			6.
3.			7.
4.			8.

Student Information

SIBLING INFORMATION		
Name	Gender	Birthdate
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /

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 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.

Student Information (continued)

HEALTH HISTORY

Student Name			Birthdate	/	/	Date of last physical	/	/
Has your child had any of the following (check all that apply):								
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Frequent Ear Infections				<input type="checkbox"/> Measles (hard)		
<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Problems with Vision				<input type="checkbox"/> German Measles		
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Problems with Hearing				<input type="checkbox"/> Mumps		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Chickenpox				<input type="checkbox"/> Poliomyelitis		
Are there other health problems of which we should be aware?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please describe:	
Does your child have any allergies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please describe:			
Name of pediatrician or other specialist					Phone			
Name of dentist or 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 such 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.

ALTERNATIVE EMERGENCY CONTACT AND AUTHORIZED STUDENT PICK-UP LIST

Unless otherwise indicated, the following persons are authorized as Emergency Contacts and can pick up your child. They will be called if you cannot be reached. Please use a different phone number for each person.

Name	Relationship	Phone

PARENT/GUARDIAN SIGNATURE(S)

Signature(s)			Date	
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