



APPLICATION FOR ADMISSION

Student's Name _____ DOB _____ Preferred Pronouns _____

Address _____ Home Phone _____
street city zip

Does your child applicant currently attend school or daycare? If yes, please provide name and contact information:

Current School: _____
school name dates of attendance teacher name

School(s) previously attended: _____
school name dates of attendance

school name dates of attendance

1. Parent / Guardian Name: _____ Relationship to student _____

Address: _____ E-mail: _____
(If different from above) street city zip

Phone Numbers: _____
home cell work

Occupation / Employment: _____
Business / Company name and/or your position

2. Parent / Guardian Name: _____ Relationship to student _____

Address: _____ E-mail: _____
(If different from above) street city zip

Phone Numbers: _____
home cell work

Occupation / Employment: _____
Business / Company name and/or your position

What is the best way to reach you during the day? _____

Siblings:	Full Name	DOB	Current School
_____	_____	_____	_____
_____	_____	_____	_____

Is your child up to date on their immunizations? Yes No

If not, please explain:

APPLICATION FOR ADMISSION (cont'd)

How did you become interested in Escuela del Sol Montessori?

We are applying for the _____ - _____ school year for the following program:

Toddler Program: ages 18-36 months

Primary Program: ages 3-5 years

Jr. Elementary Program: ages 6-9 (grades 1 - 3)

Sr. Elementary Program: ages 9 – 12 (grades 4 – 6)

If you are interested in an extended day schedule, please mark: before 8 after 3

Please indicate your plans for future Montessori education for your child.

Toddler only Primary only Elementary Junior High Unsure

As of today, where do you envision your student attending high school? _____

It is our expectation that parents will attend Parent Nights, participate in parent/teacher conferences, and read all school communications. Are you comfortable with these expectations?

Do you have any questions?

APPLICATION FOR ADMISSION (cont'd)

Application Terms:

- A non-refundable \$50 application fee is required at the time of submission.
- Make checks payable to "Escuela del Sol Montessori" and remit to the school office at 1114 Seventh St. NW • Albuquerque, NM 87102.
- Payment can also be made via Paypal or credit card. Please call our office at 505-242-3033.
- Please complete one application for each child.
- With this application, this student will be placed on our Wait List. When all subsequent admissions steps are completed (including child visits and parent interview), the school will notify you regarding admissions and placement.
- The child's placement in a class will be at the sole discretion of the school based on the pedagogical criterion.

I / We understand and accept the terms of this Admissions Application:

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____



Escuela del Sol does not discriminate on the basis of gender, race, creed, ethnic or national origin, religion, ability, age, sexual orientation, gender identity or expression in its admission policy, financial aid program, or other educational policies.

**Escuela del Sol Montessori • 1114 Seventh St. NW • Albuquerque, New Mexico 87102 • 505-242-3033
office@eDelSol.org • www.escueladelosol.org**

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For Office use only: App. Rec'd _____ **Fee Rec'd** _____ **Student/Parent Visit Date:** _____

Teacher Rec. Rec'd: _____ **Parent Questionnaire/Statement Rec'd:** _____ **School Records Rec'd:** _____