

# JOHN PAUL THE GREAT MONTESSORI ACADEMY

## APPLICATION FOR ADMISSION

Full Name of Child:

\_\_\_\_\_

First

Middle

Last

Nickname / Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Adopted:  Yes  No

Sex:  Male  Female

Application for:

3 Day Primary (ages 3 – 6)  Elementary (grades 1 – 6)  Adolescent (grades 7 – 10)

For admission:  Fall 20\_\_\_\_\_  Spring 21\_\_\_\_\_

### FAMILY INFORMATION

#### Parent / Guardian Information:

Title:  Dr.  Mr.  Mrs.  Ms. Relationship to Child: \_\_\_\_\_

Full Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Parent / Guardian Information:

Title:  Dr.  Mr.  Mrs.  Ms. Relationship to Child: \_\_\_\_\_

# JOHN PAUL THE GREAT MONTESSORI ACADEMY

Full Name:

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Street Address:

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City / State / Zip:

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Phone:

Email:

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Employer:

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Occupation:

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## Relationship:

Parents married  Mother deceased  Father deceased

Parents separated \*  Parents divorced \*  Parents never married \*

\* Please indicate who has legal custody:

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\* Please indicate who has physical custody:

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Mother remarried  Father remarried

## Stepparent Information:

Title:  Dr.  Mr.  Mrs.  Ms.

Relationship to Child:

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Full Name:

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Street Address:

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City / State / Zip:

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Phone:

Email:

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Employer:

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Occupation:

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# JOHN PAUL THE GREAT MONTESSORI ACADEMY

**Siblings:** Name \_\_\_\_\_ M/F \_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

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## REFERRAL

How did you hear about John Paul the Great Montessori Academy?

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## EDUCATION

Current School Name and  
Address: \_\_\_\_\_

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Current Grade: \_\_\_\_\_ Date of Entrance into Current School \_\_\_\_\_  
Prior Schools:

Name and Dates of Attendance, City/State, Telephone

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## HOME LIFE

Primary language spoken at home: \_\_\_\_\_

Additional languages spoken at home:

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Is your child regularly cared for by anyone other than parents?  Yes  No

If yes, by whom? \_\_\_\_\_ Days per week: \_\_\_\_\_

Hours per day: \_\_\_\_\_

Does your child watch TV?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Does your child play video games?  Yes  No If yes, how many hours per week? \_\_\_\_\_

## SACRAMENTAL LIFE

Parents' Religious Denomination(s):

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# JOHN PAUL THE GREAT MONTESSORI ACADEMY

Child's Religious Denomination:

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Has your child been baptized?  Yes  No

Received First Confession/Communion?  Yes  No

If No, is preparation for these sacraments desired?  Yes  No

Does the family attend church regularly?  Yes  No

## BACKGROUND

Please feel free to attach additional pages if you require more space.

What are your child's interests and strengths? For older students, describe any unique talents or achievements, in or out of school.

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Describe your child's relations / interactions with siblings.

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Describe your child's relations / interactions with other children.

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What do you hope your child will accomplish at John Paul the Great Montessori Academy?

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Has your child had any difficulties in school?  Yes  No  
If yes, what support have you or the current school provided?

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Are there any pertinent medical, psychological, or emotional issues that may require special attention or limit participation in school activities?  Yes  No  
If yes, please describe:

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## ASSESSMENT INFORMATION

Has your child had any form of achievement, intelligence, or psychological testing during the last three years?  Yes  No

If yes, please include a copy of the results.

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## CERTIFICATION AND SIGNATURES

We/I certify that the information in this application is true, accurate, and complete. We/I authorize John Paul the Great Montessori Academy to request any information that it believes is relevant to this application process. This includes, but is not limited to, information obtained from our/my child's present and previous schools, educational consultants, medical providers and other specialists who may have knowledge useful to the admission process. We/I understand that false, incomplete, omitted or misleading information given in this application or during the application process may result in a refusal to admit or dismissal in the event of admission.

**Each parent / legal guardian must sign this application.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please enclose enrollment fee of \$100.00.

Please make checks payable to: "John Paul the Great Montessori Academy" and send to"

JPGMA

C/O Colleen Hencken

PO Box 1474

Front Royal, VA 22630

John Paul the Great Montessori Academy adheres strictly to a policy of non-discrimination, and no child will be refused admission on the basis of race, color, sex, or national origin.