



North Star Montessori

ELEMENTARY SCHOOL

Learning through discovery

Date of Application: _____ Financial Account Name: _____ (1 Account per family)
First Last

Start date: September, 20____ Interested in January start if possible (North Star will contact you if space is available)

Student Information:

Student's Full Name: _____ Gender: _____

Student prefers to be called by: _____ Date of Birth: _____ (Year/Month/Day)

Place of Birth: _____ First Language at Home: _____

Check all that apply (✓): Canadian Citizen: Aboriginal Ancestry Landed Immigrant: Permanent Residency Other:

If other, please provide details: _____

Original Birth Certificate and, if applicable, proof of Immigration Status.

To be accepted into the Casa program children must be *TOILET TRAINED* as well as 30 months on entrance to the program AND 36 months by December 31st of the year of entrance

Home Address: _____

Student lives with: Mother Father Stepmother Stepfather Guardian

Names of Stepparent(s) Guardian(s): _____

Correspondence should be sent to: Both Parents Mother Father Guardian

Name & Address of last school attended: _____

Prior experience in Montessori schools: _____

How did you come to know about North Star? _____

My Child attended the Infant & Toddler Program. Dates Attended _____

Family Information:

Does your child have any known vision problems? Yes ___ No ___

Has your child had frequent ear infections? Yes ___ No ___

Has your child ever been seen by a doctor for ear infections or hearing problems? Yes ___ No ___

Siblings:

Name: _____ Age: _____ Resides w/student? _____ School _____

Name: _____ Age: _____ Resides w/student? _____ School _____

Name: _____ Age: _____ Resides w/student? _____ School _____

Has a sibling attended North Star? If so, please provide their full name and last grade completed. _____

PARENT NAME: _____ Resides w/student? _____

Address: _____

Postal Code: _____ Tel: _____ Fax: _____ Cell: _____

Email: _____ Occupation: _____

Employer: _____

Business Address: _____

Postal Code: _____ Business Telephone: _____ Ext.: _____

Check all that apply (✓): Canadian Citizen: Aboriginal Ancestry Landed Immigrant: Permanent Residency Other:

If other, please provide details: _____

PARENT NAME: _____ Resides w/student? _____

Address: _____

Postal Code: _____ Tel: _____ Fax: _____ Cell: _____

Email: _____ Occupation: _____

Employer: _____

Business Address: _____

Postal Code: _____ Business Telephone: _____ Ext.: _____

Check all that apply (✓): Canadian Citizen: Aboriginal Ancestry Landed Immigrant: Permanent Residency Other:

If other, please provide details: _____

Parent/Guardian Questionnaire:

1. Why do you want your child to attend North Star Montessori and in what ways do you believe your child would benefit from participating in the program?

2. At present, does your child have any restrictions affecting his or her ability to participate fully in our program? If so, please describe the nature of the restriction and any reasonable accommodations you feel may be necessary for the student to participate.

3. What is your understanding of Montessori Education?

4. How do your family values and parenting philosophy fit with the Montessori philosophy?

5. Please indicate your expectations of North Star Montessori (for example: academics, curriculum, communication, etc.)

6. What hopes and desires do you have for your child in attending North Star Montessori?

7. Please describe your child's interests, skills and achievements.

8. What do you consider to be your child's strongest aptitudes and character traits?

9. Please provide any additional information that would help us in our work with your child.

Please check all that apply:

- I intend for my child to complete the Kindergarten Year at North Star Montessori
- I do ***NOT*** intend for my child to complete the Kindergarten Year at North Star Montessori
- I intend for my child to complete the Elementary Program at North Star Montessori
- I am undecided about my child completing the Elementary Program and would like more information

****Please bring in original Canadian birth certificate or proof of Immigration Status, as applicable, for each parent.**

*****For tuition assistance please contact us directly.**

I understand that:

- This is merely an Application for Admission; no acceptance for enrolment is implied.
- Enrolment shall be at the sole discretion of North Star Montessori Elementary & Preschool.
- Applicants who are not offered a space in our morning or afternoon program by January of the academic year in which they applied, will be refunded their fee and removed from the wait-pool.
- Information collected will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.
- **To be considered complete and to be added to the wait pool the following must accompany this application form:**
 1. Original birth certificates or citizenship documents for both parents and child to be copied; and
 2. **Non-refundable Application Fee of \$100.00 “cash or cheque only”.**

“I certify that the information I have provided on this form is correct and I have read the Refund Policy”

Signed,

Parent/Guardian

NORTH STAR MONTESSORI
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