



# North Star Montessori

## ELEMENTARY SCHOOL

*Learning through discovery*

Date of Application: \_\_\_\_\_ Parent Account Name: \_\_\_\_\_ (for invoicing/receipts)  
First Last

Start date: September, 20\_\_\_\_\_ ☐ Half-day Casa Program ☐ Full-day Casa program

☐ Interested in early start in January 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: \_\_\_\_\_

**To be accepted into the Casa program children must be *TOILET TRAINED AND 30 months at start date and 36 months by end of calendar year (half-day program) OR 30 months at start date (full-day program – limited number of students permitted between 30-36 months)***

Home Address: \_\_\_\_\_

Student lives with: Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian ☐

Names of Parent(s)/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/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 those that apply:

- ☐ I intend for my child to complete the Extended-day Kindergarten Year at North Star Montessori
- ☐ I do ***NOT*** intend for my child to complete the Extended-day 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 removed from the wait-pool and required to submit a new application if they wish to apply the following year.
- 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 \$250.00.

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

Signed,

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Parent/Guardian

NORTH STAR MONTESSORI  
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Tel. 604-980-1205 Fax. 604-980-1805 Email: [admin@northstarmontessori.ca](mailto:admin@northstarmontessori.ca) website: [www.northstarmontessori.ca](http://www.northstarmontessori.ca)