Casa Application – New Student

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 Questionaire:

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

***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 original birth certificates and citizenship documents, if applicable, for both parents and child must accompany this application form:**

"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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