



1401 Amador Lane, Henderson, NV 89012

(702) 407-0790

www.foothillsmontessori.com

### Admissions Information

Foothills Montessori School (FMS) determines admission of a potential student based on several resources. These resources aid our Admissions Committee in selecting students who demonstrate learning behavior conducive to the Montessori philosophy of education. The Admissions Committee reviews prior school records/progress reports (including standardized tests), previous teacher or principal recommendations, skills evaluations administered by FMS, observations of the child in the Montessori classroom environment, and the parent interview/questionnaire. In addition, we realize all of these factors do not necessarily apply to every applicant and recognize the limitations of the evaluation process. Our purpose is to serve the whole child; intellectually, physically, emotionally and spiritually. To that end, we want to help you make the best choice possible for your child to realize his/her fullest potential.

#### **Check List**

Please insure the following documents are submitted to Foothills Montessori School. Applications will not be processed until all documents are received by the school Administrator.

\_\_\_\_ Application (including \$100 non-refundable fee)

\_\_\_\_ Copy of child's birth certificate

\_\_\_\_ Small photo of child

\_\_\_\_ Parent questionnaire

\_\_\_\_ Previous school records i.e. report cards/progress reports, immunizations, standardized test scores, etc. for children applying for Kindergarten through 8<sup>th</sup> grade

\_\_\_\_ Teacher recommendation form (enclosed) from a recent teacher or principal for children applying for Kindergarten through 8<sup>th</sup> grade

#### **Parent Questionnaire**

Thank you for applying to Foothills Montessori School! Please answer the following questions as conscientiously and thoroughly as possible in order to acquaint us with you and your child. If you are applying for admission for more than one child, please submit a questionnaire for each child.

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Name of Child \_\_\_\_\_

Has your child previously attended school? If yes, please describe his/her previous school experience.

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Describe your child's academic strengths, talents, and/or favorite activities.

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Is your child involved in extracurricular group activities i.e. karate, dance, art, etc?

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What qualities do you admire most about your child?

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Describe your hopes, expectations, and academic goals for your child.

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Why did you choose FMS for your child's education?

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\*Please describe any health issues or concerns i.e. premature birth, food allergy, illness, operations, etc.

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\*Has your child received tutoring, academic support, remediation, or counseling of any kind? If yes, please describe type of services utilized, purpose of services, and how these concerns were addressed.

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Has your child experienced being away from you or is this a first time school experience?

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Has your child ever been referred for testing due to academic, behavioral, or developmental concerns? If so, who referred your child and who administered testing? Please attach a copy of all test results and/or IEP.

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\*FMS requires a letter from your child's physician or counselor summarizing the nature and treatment of any serious medical condition. All information will be held in strict confidence.

I, \_\_\_\_\_ (Print Name), acknowledge all answers given within this questionnaire are true and correct to the best of my knowledge as of this date.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date