

The Field School



The Model School
of The Montessori
Foundation

We would appreciate a recent photograph of your son or daughter

Application for Grade _____ School Year 20__ – 20__

Applicant's Full Name: _____
(as it should appear on school records)

_____/_____/_____/ _____ Male Female
Date of Birth Place of Birth Student's Social Security #

Student's Home Address: _____, _____, _____ - _____ +4
Street City State Zip

Parent/Guardian Information:

Parent/Guardian's Name: _____ Email address: _____

Parent/Guardian's Address: _____, _____, _____ - _____ +4
Street City State Zip

Parent/Guardian's Home Phone: _____ Work Phone: _____ Cell Phone: _____

College/School Degrees: _____ Employer: _____

Parent/Guardian's Name: _____ Email address: _____

Parent/Guardian's Address: _____, _____, _____ - _____ +4
Street City State Zip

Parent/Guardian's Home Phone: _____ Work Phone: _____ Cell Phone: _____

College/School Degrees: _____ Employer: _____

Please list all members of the student's household:

Parents: _____
Siblings: Name Age Present School

Other adults:

Family Status:

- | | |
|--|---|
| <input type="checkbox"/> Parents Married | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Father Deceased |
| <input type="checkbox"/> Student Adopted | |

845 S School Avenue • Sarasota, FL 34237* • www.thefieldschool.org

*Address correspondence to: The Montessori Foundation • 19600 E SR 64 • Bradenton, FL 34212

Phone: 941-729-9565 • Fax: 941-745-3111

Grandparents

Name

Street

City State Zip Code

Email Address: _____

Grandparents

Name

Street

City State Zip Code

Email Address: _____

Previous School

Address

Dates of Enrollment

Has your child had any specialized tests or evaluations? If so, please list:

Test/Evaluation _____ Administered by _____ Date _____

Test/Evaluation _____ Administered by _____ Date _____

Has your child received tutoring or private treatment within the last three years? If so, please describe.

Health

Describe your child's general health: _____

Does your child have any physical limitations or allergies which would limit his/her participation in the full range of school activities? If so, please describe them briefly. _____

Has your child ever suffered any serious illness, injury, or hospitalization? _____

Is your child currently receiving any medication? If so, please list. _____

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

Imagine that your child is now eighteen and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed?

What is it about The Field School that appeals to you? Why do you think it would make a good choice for your son or daughter?

Describe your child's previous school experience.

Describe the aspects of your child's previous school experience with which you have been most pleased.

Has your child experienced any difficulties in school? If so, what support have you or the school provided?

What would you most like to see our school accomplish with your child over the next few years?

How does your child spend his/her time outside of school? (e.g., sports, clubs, hobbies, scouts, music, special activities, etc.)

What are your child's major interests at this time?

Please describe your child's social relationships with adults and other children.

Please enclose your application fee of \$75 along with this application form. This fee is non-refundable. Your application is regarded as a formal request for consideration of your son/daughter as a potential student at The Field School and as authorization to our office to obtain transcripts and recommendations from previous schools.

The Field School does not discriminate in its admissions or administrative and educational policies, or other school-administered programs and activities on the basis of race, color, national or ethnic origin, religion, or sexual orientation.

AUTHORIZATION FOR RELEASE OF RECORDS

School: _____ Teacher or advisor: _____
Address: _____ School Phone: _____ Fax: _____

On behalf of my child, _____, who is presently enrolled as a student at your school. I have applied for admission to The Field School beginning with the term starting _____, 20____. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments, and observations of his/her overall development and progress.

Signature of parent or guardian

Date

Please forward these records to:
The Montessori Foundation • 19600 E SR 64 • Bradenton, FL 34212 • Phone: 941-729-9565 • Fax: 941-745-3111