



HAWAII MONTESSORI SCHOOLS

# APPLICATION FOR ADMISSION

Desired Start Date:

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## STUDENT

Child's Name <i>First/Last</i>	Birth Date
Social Security Number	Gender

## PRIMARY PARENT/GUARDIAN

Name <i>First/Last</i>	Relationship to Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other
Home Phone	Other Phone		
Email			
Street Address			
City	State / Province / Region		
Postal / Zip Code	Country		

## ADDITIONAL PARENT/GUARDIAN

Name <i>First/Last</i>	Relationship to Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other
Home Phone	Other Phone		
Email			
Street Address			
City	State / Province / Region		
Postal / Zip Code	Country		

## FAMILY INFORMATION

<i>Please List Other Household Members</i>	
<i>Marital Status of Child's Parents</i>	<input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated/Divorced
<i>Who Will Have Financial Responsibility for Tuition?</i>	
<i>Please List Family Members Who Have Attended HMS</i>	
<i>Mother's Highest Level of Formal Education</i>	
<i>Father's Highest Level of Formal Education</i>	
<i>Mother's Profession and Workplace</i>	
<i>Father's Profession and Workplace</i>	





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## TODDLER PROGRAM

15–36 months

ACADEMIC  
*August–May*

FULL YEAR  
*August–July*

7:30a–11:30a  
*Half Day*

7:30a–2:30p  
*School Day*

7:30a–4:00p  
*Full Day*

7:30a–5:30p  
*Extended Day*

## PRIMARY PROGRAM

3–6 years

ACADEMIC  
*August–May*

FULL YEAR  
*August–July*

7:30a–12:00p  
*Half Day*

7:30a–2:30p  
*School Day*

7:30a–5:30p  
*Extended Day*

### *Observation*

- Observing the program is part of our application process.
- Observations are scheduled M-F for an hour between 8:30-9:30 a.m.

### *Parent & Child Interview*

- A parent & child interview will be conducted before acceptance into the program.
- The interview may be scheduled after your observation is completed.

### *Enrollment*

- When your child has been accepted into the program you will receive an enrollment packet.
- This packet will include any necessary paperwork and requires a deposit to reserve your child's space in the class.

## ADMISSIONS QUESTIONNAIRE

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

*What is it about Hawai'i Montessori Schools that appeals to you?*

*Why do you think attendance here would be a good choice for your child and what would you most like to see our school accomplish with your child? What are your future educational plans for your child?*

*Describe your child's personality/temperament, strengths, weaknesses, dislikes and/or fears*





## ADMISSIONS QUESTIONNAIRE

Continued

*Describe your child's birth.*

*Describe your child's current/previous care and/or school experience(s).*

*Who looks after your child after school? Please describe your child's after school/evening routine.*

*What are your child's special interests and activities at this time?*

*What types of discipline have you found most effective with your child?*

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

*Approximately how many books a day do you read with your child? Please list some of your child's favorite stories/topics.*





## HEALTH QUESTIONNAIRE

Please describe your child's general health.  
Please include any allergies your child has.

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

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

Please enclose the application fee of \$35.00 with your application. This fee is not refundable. Your application is regarded as a formal request for consideration of your child as a student at Hawai'i Montessori School

Signature of Parent/Guardian

Date

## APPLICATION CHECKLIST

Thank you for inquiring about our program. The following check list is intended to assist you in the application process. However, if you have any question please contact us at Kona: (808) 329-0700, Kamuela: (808) 885-7683

- 1 Fill out this application form and call with any questions.  Complete
- 2 Schedule an Observation. *Observation Scheduled for:*  Complete
- 3 During your observation, please note any questions you may have about the program so that you may check with a teacher or administrator after your observation.  Complete
- 4 Return application to the office with your nonrefundable \$35.00 application fee.  Complete
- 5 Schedule a Parent and Child interview with the office.  Complete

## ENROLLMENT OVERVIEW

- 1 Fill out an Emergency Information Form, which we will provide.  Complete
- 2 Obtain from your doctor proof of your child's latest Physical, Immunization Record and TB Clearance.  Complete
- 3 Your registration and supply fee are non-refundable and will be your space reservation.  Complete
- 4 Schedule a start date and Phase-in schedule for your child.  
*The Phase-in process is designed to meet the needs of your individual child.*  Complete

