

School Year Applying for: 20 ____ - 20 ____

Start Date: _____

Applying for Financial Aid: Yes No

Student Information: First name _____ Last name _____

Address: _____

Home Phone: _____ Gender _____ DOB: _____ Age: _____

Previous Schools Attended: _____

Program Requests:

Parent Infant Community (please circle)

Tuesday (School Year)		4:00-6:00
Wednesday (School Year)	9:00-11:00	

Young Child Community (please circle)

5 Morning	8:30-11:45	
4 School Day 8:30-3:20	M-TH	T-F
5 School Day 8:30-3:20	8:30-3:20	

Children's House Community (please circle)

2 -1/2 — 4 Year Olds	8:30-11:45	8:30-3:20
5 — 6 Year Olds	8:30-3:20	

Elementary Community (please circle)

Early Elementary	8:30-3:20	
Upper Elementary	8:30-3:20	

Additional Care Requests:

Young Child Community

Early Start (7:30-8:30 a.m.)	
4 days/week	
5 days/week	

Late Dismissal YCC (3:20 - 4:40 p.m.)	
4 days/week	
5 days/week	

Late Dismissal YCC (4:40 - 6:00 p.m.)	
4 days/week	
5 days/week	

Children's House/Elementary

Morning Care (7:30-8:30 a.m.)	
3 days/week	
5 days/week	

School Day Add-on (11:45-3:20 p.m.)	
3 days/week	

After Care Block 2 (3:20-4:40 p.m.)	
3 days/week	
5 days/week	

After Care Block 3 (4:40 - 6:00 p.m.)	
3 days/week	
5 days/week	

Parent/Guardian Information:

Parent 1 Name: _____ Cell Phone: _____

Address: _____

Home Phone: _____ Email: _____

Employer: _____ Occupation: _____

Parent 2 Name: _____ Cell Phone: _____

Address: _____

Home Phone: _____ Email: _____

Employer: _____ Occupation: _____

Siblings:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

Additional Information:

Has your child ever been tested, either by current or past school, or private institution, for any type of learning or behavior issue?

If so, please indicate what year testing was complete: _____

Does your child have a current IEP? Yes No

Please provide copies of testing results

How did you hear about Hershey Montessori School (check all that apply)?

- | | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Crain's | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Today's Family Magazine | |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Local NPR Station | |
| <input type="checkbox"/> Hershey Faculty/Staff (please provide name): _____ | | |
| <input type="checkbox"/> Current Hershey Family (Name of family so we may thank): _____ | | |
| <input type="checkbox"/> Student/Family Alumni (Name so we may thank): _____ | | |

Application Terms:

- ◆ A non-refundable \$50 application fee is required at the time of submission.
- ◆ Make checks payable to Hershey Montessori School and remit to the Admissions office at 10229 Prouty Road, Concord Twp., OH 44077.
- ◆ Please complete one application for each child.
- ◆ With this application, this child will be placed in the Waiting Pool, awaiting placement once a space becomes available.
- ◆ The child's placement in a class will be at the sole discretion of the school based on the pedagogical criterion.
- ◆ Hershey Montessori School does not discriminate on the basis of gender, race, creed, ethnic or national, origin, religion, disability, age, or sexual orientation in its admission policy, financial aid program, or other educational policies.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For Office Use Only

Application Fee Received: \$ _____

Observation: _____

Date Received: _____

Parent Interview: _____

Check Number: _____

Child Visit: _____