



# MONTESSORI ACADEMY OF NAPLES

## Elementary Application for Admission

Please complete this application and return with a non-refundable \$75.00 application fee.  
Check payable to Montessori Academy of Naples

**APPLICANT NAME:**                      **First**                                      **Middle**                                      **Last**

**Date of Birth:**                                       **Male**                       **Female**

**Schedule Preferences**       **School Day**       **After School**      **Applicant to Enter: K 1 2 3 4 5**  
8:00 AM – 3:00 PM                      3:00 PM - 5:30 PM                      *Please circle one*

**ACADEMIC INFORMATION:**

Current School Name and Grade: \_\_\_\_\_

Current School Address: \_\_\_\_\_

Previous School Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Does the applicant have a sibling or relative already enrolled in Montessori Academy of Naples? \_\_\_\_\_  
If **yes**, please list the name of student(s): \_\_\_\_\_

How did you first hear of Montessori Academy of Naples? \_\_\_\_\_

<b>Parent/Guardian</b>		
Title/First Name	Last Name	
Address		
City	State	Zip
Home (____) _____		
Cell (____) _____		
Fax (____) _____		
Email: _____		
Contact Preference: <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Job Title _____		
Business Name: _____		
Business Phone (____) _____		

<b>Parent/Guardian</b>		
Title/First Name	Last Name	
Address		
City	State	Zip
Home (____) _____		
Cell (____) _____		
Fax (____) _____		
Email: _____		
Contact Preference: <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Job Title _____		
Business Name: _____		
Business Phone (____) _____		

**Martial Status of the Parents:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
With whom does the child live? \_\_\_\_\_  
Who has custody? Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_  
Who will be responsible for the payment of tuition and school fees? \_\_\_\_\_



**A non-refundable application fee of \$75.00 is required for all applicants. This application and application fee does not guarantee acceptance into the program or the school.**

(I/We) hereby authorize Montessori Academy of Naples, Inc. to contact schools and other sources to obtain information to support this application and will not seek access to confidential recommendation and evaluation materials before or after (my/our) child's/ward's admission. The undersigned releases every person and institution from any and all liability resulting from and pertaining to the furnishing of records, documents, and other information provided to Montessori Academy of Naples, Inc. for that purpose.

Your signature on this application verifies the enclosed information is correct and true. (If joint custody, both parents' signatures are required.)

\_\_\_\_\_  
Father/Guardian Signature Date

\_\_\_\_\_  
Mother/Guardian Signature Date

*Thank you for considering Montessori Academy of Naples for your child's education.*

Montessori Academy of Naples, Inc.  
2655 Northbrooke Drive, Naples, FL 34119  
Phone 239-597-2255 FAX 888-597-1399

Email: [info@naplesmontessori.org](mailto:info@naplesmontessori.org)  
Website [www.naplesmontessori.org](http://www.naplesmontessori.org)

**Notice of Nondiscriminatory Policy** Montessori Academy of Naples, Inc. admits students of any race, color, creed, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, creed, gender, national and ethnic origin in administration of its educational policies, admissions and employment policies, scholarship and loan programs, and athletic and other school-administered programs.

*License #C20CO0132*

**OFFICE USE:**

Application Submission Date \_\_\_\_\_ Received By: \_\_\_\_\_

Application Fee Amount \$ \_\_\_\_\_ Date Received \_\_\_\_\_

Payment Method: CHECK # \_\_\_\_\_ or CASH \_\_\_\_\_ or CC/ACH Form Attached \_\_\_\_\_



## New Applicant Questionnaire

The goal of the new applicant questionnaire is to get to know you and your child. Answering the following questions about your child's experiences, interests, habits, and routines will allow us to better meet the needs of your child. If there is any further information you believe is important to understanding your child, you may attach an additional sheet.

What are your expectations of Montessori Academy of Naples?

List your primary reasons for seeking a different educational placement for your child at this time.

Why do you think Montessori Academy of Naples will be a good choice for your child?

What are your child's interests and/or activities?

What activities does your child enjoy doing independently (little or no interaction with others)?

Do you see your child as a fairly self-motivated and independent learner, or do you sense that he/she needs close supervision to stay on task and do well academically?

What are the rewarding aspects and/or strengths of your child?

What are the challenging and/or weaknesses of your child?

Describe your child's typical daily routine.

Describe your family's typical weekly routine.

Does your child have siblings? If yes, what are their ages, schools attending, etc.

Describe your child's sleep patterns.

Describe your child's appetite.

Has your child ever suffered from any serious injury or illness? If yes, please explain.

Are your child's immunizations current? If no, please explain.

Does your child have any current limitations due to medical conditions, disabilities, or allergies which would limit his/her participation in the full range of school activities? If yes, please describe.