

Summerland Montessori School

10317 Prairie Valley Road Box 603
Summerland BC
Phone: 250-494-7266 Fax: 250-494-7286

Student Application Form

Student Name: _____
 First Middle Last

Date of Birth: _____ Age: _____ Gender: _____

Place of Birth: _____ Grade Applied For: _____

Child Resides With: Both Parents: ___ Mother: ___ Father: ___ Guardian: ___

Mother's Name: _____

Street and Mailing Address: _____

Home Telephone: _____ Email: _____

Employer Name: _____ Employer Telephone: _____

Canadian Citizen: ___ Landed Immigrant: ___ Visitor to Canada: ___

Father's Name: _____

Street and Mailing Address: _____

Home Telephone: _____ Email: _____

Employer's Name: _____ Employer Telephone: _____

Canadian Citizen: ___ Landed Immigrant: ___ Visitor to Canada: ___

Please indicate why you are interested in your child attending the
Summerland Montessori School.

Please describe your child's hobbies and interests.

Has your child been diagnosed, or is in the process of being diagnosed, with a learning disability? If yes, please describe.

Has your child experienced any social or disciplinary problems? If yes, please describe.

Please submit a copy of your child's most recent report card with this application form.

Completion of the application form does not imply acceptance to the Summerland Montessori School.

I hereby certify that this information is complete and accurate to the best of my knowledge.

Parent Signature

Date

Parent Signature

Date

Date Application Received: _____ Report Card: _____

Interview Date: _____

Health Information

Health Care Number: _____

Physician's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

State any relevant medical information about your child that the school would need to be aware of.

Does your child have any allergies or sensitivities? If yes, please list allergy and treatment. _____

My child's immunizations are up-to-date. I will provide the school with a copy.

My child's immunizations are not up-to-date.

Parent Signature

Date

It is South Okanagan Montessori School Society policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. The ambulance fee is the responsibility of the parent.

If an ambulance is not available, staff of the South Okanagan Montessori School Society will transport the child.

I hereby give permission to the South Okanagan Montessori School Society to make necessary transportation arrangements for my child _____ who has become ill or injured.

Parent Signature

Date