

Arkansas River Valley Montessori

1509 N. Pierce • Little Rock, AR 72207 • 501.603.0620 • www.ARVMontessori.org

Application

At Arkansas River Valley Montessori we believe admission is a very important process, giving each family an opportunity to become better acquainted with the school and the Montessori educational philosophy. We are delighted that you are considering ARVM.

The following is our enrollment procedure and must be completed prior to admission. If you have any questions, please do not hesitate to contact the administrator.

Application Process

Classroom Observation and Campus Tour. Parents are encouraged to tour our campus and observe our classes to learn more about the school and Montessori educational philosophy. Please note that observation sessions are for adults only. Please call the school to schedule a tour.

Application Form. After you have observed in the classroom, please complete this application and submit it to the school administrator with the non-refundable \$75 application fee.

Family Interview. All prospective families will attend an interview session. During the session a member of the ARVM faculty will work with your child while the Academic Director interviews the parents.

Elementary/Adolescent Community Student Visit. All prospective students for Elementary and Adolescent Community must complete an admission visit during which they will attend classes and meet with a member of the ARVM faculty.

Notification

Our Academic Director and the appropriate faculty members will review each application and make admission determinations based on the criteria of acceptance. *Enrollment agreements are offered on a space available basis.*



APPLICANT INFORMATION

Date of Application _____ Grade applying for _____ School year applying for _____

Last Name _____ First _____ Middle _____

Date of Birth _____ Gender _____ Home Phone _____

Mailing Address _____

Please check the program(s) in which you wish to enroll your child.

Primary Half Day—age 3 only (8:00 am–12:30 pm) Primary Full Day (3-6 yrs old) (8:00am-2:45 p.m.)

Early Elementary thru Adolescent Community classes are from 8:00am-3pm

Early Elementary (6-9yrs old) Upper Elementary (9-12 yrs old) Adolescent Community (12-15 yrs old)

All Day Montessori (ADM) 2:45-5:30pm

An application fee of \$75 should be included with this document. The application fee is non-refundable.

FAMILY INFORMATION

Parent/Guardian Permission to publish for school directory (Address and Phone Numbers)

___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other: _____

Name of Parent or Guardian _____ Relationship to Student _____

Home Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Preferred Email _____

Employer _____ Title or Occupation _____

Attended an Independent School? ___ Yes ___ No

Parent/Guardian Permission to publish for school directory (Address and Phone Numbers)

___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other: _____

Name of Parent or Guardian _____ Relationship to Student _____

Home Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Preferred Email _____

Employer _____ Title or Occupation _____

Attended an Independent School? ___ Yes ___ No

Parents/Guardians are ___ Married Father is ___ Married Mother is ___ Married

___ Separated ___ Separated ___ Separated

___ Divorced ___ Divorced ___ Divorced

___ Single ___ Single ___ Single

___ Widowed ___ Widowed

___ Deceased ___ Deceased

Student resides with: ___ Both Parents ___ Mother ___ Father ___ Guardian(s)

Other adults (i.e. stepparents, grandparents) with whom the child lives

Name _____ Name _____

Relationship _____ Relationship _____

Any legal arrangements concerning the student should accompany this document and must be notarized.

SIBLING INFORMATION

Name _____ Age _____ Date of Birth _____ School _____

Name _____ Age _____ Date of Birth _____ School _____

Name _____ Age _____ Date of Birth _____ School _____

FINANCIAL RESPONSIBILITY

Financial responsibility for the student's tuition will be assumed by [please provide name and address if not parent/guardian(s)]: _____

ARVM does not discriminate on the basis of race, religion, ethnic background, or economic means; and ARVM seeks students from all racial and ethnic groups.

Please indicate the student's (S) and parents/guardians' (P or G) race.

____ African American

____ Middle Eastern

____ Asian American

____ Multi-Racial

____ Caucasian

____ Native American

____ Hispanic American/Latino

____ Other, please specify _____

Please indicate the primary language spoken by the student (S) and parents/guardians (P/G).

English ____ Spanish ____ Other, please specify _____

TELL US ABOUT YOURSELF, CHILD AND FAMILY

Our primary goal in the admission process is to find the right fit between school, student, and family. Please answer the questions on the next page to help us get a better sense of 1) your expectations for your child's education; 2) your child as a unique individual; and 3) the values around which you have built your family. Please use additional paper if necessary.

1. What is it about the Arkansas River Valley Montessori that appeals to you? What did you see during your classroom observation/campus tour that makes you think that this would be a good educational environment for your child? What do you expect from ARVM for your child?

2. What can you tell us about your child that may help us to meet his or her needs?

- Intellectually/Academically

- Socially/Emotionally

- Physically



3. What are your child's major academic strengths? Challenges?

4. Has your child had any difficulties in school? If so, what support have you, his/her school or others provided?

5. What responsibilities does your child have at this stage in his/her life around your home or neighborhood?

6. How does your child spend his/her spare time?

7. Please provide us with any additional information you think will help us to best serve your child and your family if he/she enrolls at Arkansas River Valley Montessori. Use additional paper if necessary. Please attach a current photo of your child (optional, but appreciated).

PLEASE HAVE BOTH PARENTS/GUARDIANS READ AND SIGN

I (we) affirm that the information provided in this application is true and correct to the best of my (our) knowledge.

I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.

I (we) authorize the school to request and receive verbal and written information which would aid in understanding my (our) child for the purpose of admission and in meeting the needs of my (our) child, including teacher recommendations and student progress reports. I (we) understand and accept that all information and materials of any kind received as part of the admission process shall be completely confidential and will not be disclosed to anyone except Arkansas River Valley Montessori officials, including the student and his/her family. Further, I (we) release Arkansas River Valley Montessori from all liability pertaining to the disclosure of this information.

I (we) confirm that I (we) have reviewed and understand the financial obligations of enrollment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For Office Use Only

Date packet distributed _____ Date Application & Fee Received _____ Check # _____

Student Visit Date _____ Observer _____

Date Family Interview _____ Date Transcripts Requested _____ Date Transcripts Received _____

Date to Adm Comm _____ Date Contract Sent _____ Date Contract Rec'd _____ Placement _____

