

## APPLICATION FOR ADMISSION SY 202\_-202\_

Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Current School and Grade (if applicable): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_ M \_\_ F

Language/s: Spoken: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Program Hours (check one):      8:00am–11:15pm      8:00am–1:15pm      8:00am–3:00pm

### PARENT/GUARDIAN 1

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Village: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

### PARENT/GUARDIAN 2

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Village: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

**SIBLINGS:** Please list brothers and sisters. *Each child needs a separate application.*

***For Office Use Only***

Date App Rec'd:

Notes:

With whom does the child live? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_ Nap? \_\_\_\_\_

Does your child engage in screen time? \_\_\_\_\_

If so what programs/videos? How much time each day? \_\_\_\_\_

What languages are spoken at home and by whom? \_\_\_\_\_

Has your child experienced any emotional events such as divorce, or death in the family?  
Please explain: \_\_\_\_\_

Do you have any reports from child psychologist/evaluation(s) you can share with us?  
\_\_\_\_\_

Has your child received any services, such as occupational therapy or speech? If yes, please explain and provide the school with a copy of his/her most recent assessment/progress.  
\_\_\_\_\_

Describe the general health of your child: \_\_\_\_\_

Please list childhood diseases/conditions your child has had (chicken pox, chronic ear infections, asthma, allergies, etc.) \_\_\_\_\_

Is your child taking any medication on a regular basis? If so, please explain: \_\_\_\_\_

If your child was adopted, at what age did s/he join your family? \_\_\_\_\_

Thank you for filling out our application completely and thoroughly. The information contained will be kept confidential and is helpful to us as we get to know your child.

Please return Application for Admission to:

Isla Montessori School

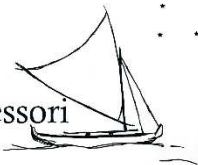
Box CHRB 5798

Saipan, MP 96950 or Email it to: [info@islamontessori.org](mailto:info@islamontessori.org).

***In no instance will an applicant's race, color, religious creed, disability, ancestry, national origin, economic status, age or gender be a factor in determining whether s/he is accepted into the school.***

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## OUR PARTNERSHIP

### **RESPECT**

#### **As a parent you can expect the school to:**

Foster the development of confidence and self-worth by providing purposeful activities.

Provide experiences and resources that celebrate the culture of the Northern Marianas and their ancestors.

Promote a peaceful spirit in the child and in the environment.

Promote and appreciate cultural, religious and ethnic diversity, and encourage tolerance and compassion.

Understand the challenges of parenting and support you in meeting those challenges.

#### **As a school we expect parents/guardians to:**

Honor the school's mission and philosophy.

Provide opportunities for purposeful activity complimentary to those encountered at school.

Cultivate a mutually respectful relationship with us through cooperation, understanding, trust, and support.

Respect the work, time and privacy of teachers, staff, and administrators.

### **RESPONSIBILITY**

#### **As a parent you can expect the school to:**

Provide a traditional Montessori education set forth by AMI and AMS standards.

Maintain the highest standards of excellence through professional accreditation, staff development and staff retention.

Provide thoughtful stewardship of fiscal resources, fund raising and asset management.

Nurture each child's character by instilling moral values, self-discipline, courage as well as a love of learning, beauty and kindness.

#### **As a school we expect parents/guardians to:**

Honor their commitment to complete the program.

Stay informed about school policies and schedules and attend Adult Education events, as well as, other school functions.

Devote as much energy to their family as they do to their careers and other interests.

Use methods of discipline and encouragement complimentary to those used at school.

### **RESOURCEFULNESS**

#### **As a parent you can expect the school to:**

Seek opportunities to diversify our student and staff communities.

Tailor existing services/actively seek solutions through referral when necessary.

Fully use the facilities and human resources within our community in order to further the mission of the school.

#### **As a school we expect parents/guardians to:**

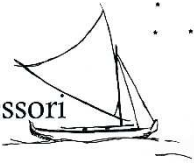
Build positive relationships with current families and bring new families into the school community.

Help the teachers create field trips and experiences of learning through sharing your connections, time, and materials.

Support the school's fundraising efforts through volunteerism, direct contributions, and outside resources.

Isla Signature/Date: \_\_\_\_\_

Parent/Guardian Signature/Date: \_\_\_\_\_



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*SUPPORTING THE SCHOOL*

**EDUCATIONAL TAX CREDIT**

ETC is a wonderful way for individuals and business to support ISLA MONTESSORI. This program allows individuals or corporations to receive a tax credit to non-profit organizations that grant private school tuition assistance. Simply put, any taxes you or your business owes can be paid directly to the school instead of the CNMI. Please contact us or your tax preparer for more information on how you can help.

**3 SIMPLE STEPS TO DONATE**



To give appreciation to the families who bring **ETC DONATIONS** to our school, school will continue to provide **FREE SCHOOL MEALS** to their kids. Please join our ETC Donors Team! Bring ETC donations to school every month and receive Free school meals for your child for that month.

