

255 North Sherman Avenue Madison, WI 53704 (608) 661-8200 info@isthmusmontessoriacademy.org isthmusmontessoriacademy.org

Application for Admission

All information on this application is kept confidential. Please send this application along with a non-refundable check for **\$50.00** made out to *Isthmus Montessori Academy* to the following address:

Isthmus Montessori Academy 255 Sherman Avenue Madison, WI 53704

NOTICE OF NONDISCRIMINATORY POLICY

Isthmus Montessori Academy does not discriminate on the basis of race, color, gender, religion, disability, sexual orientation, national and/or ethnic origin in the admissions process, its educational policies, programs, and activities, tuition assistance, or employment.

Name of Child:				
	(First)	(MI)	(Last)	(Preferred Name)
Date of birth:	Pl	ace of birth:		Sex: □M □F
	•			•
Parent/Guardian Name in Full:		l:		
Address:		s:		
Telephone (home and cell):): H:	C:	
Email:		l:		
Occupation:		1:		
Employer:		7:		
Business Phone:		2:		
Parent/Guardian Name in Full:		l:		
	Address	s:		
Telephone	(home and cell)): H:	C:	
	Emai	l:		
Occupation:		1:		
Employer:		:		
Business Phone:		<u>.</u>		

Is the child regularly care	d for by anyone other than parents/guare	dians? □Y □N	
If so, by whom?			
What portion of the day?			
	ny seeks to enroll a community that reflects ture, religion, and socio-economics. The follo dential.		
Religion	Ethnic origin	Race	
Primary language	Other language(s) spoken		
C ,	o 15 mo. and very steady walkers):	- H-IfD (0.00 12.00)	- EII D. (0.6
□ Toddler Program (15 m	o. and very steady walkers to 2.5 to 3 yrs):	□ Half Day (8:00 – 12:00)	□ Full Day (8:0
□ Primary (2.5 to 3 yrs	- 6 yrs.):	□ Half Day (8:00 – 12:00)	□ Full Day (8:0
□ Elementary (1st - 6th	grade/6-12yrs.)		
□ Adolescent (7th – 9th g	rade/12-15yrs.)		
	g before or after school care? (This is ava ent Programs): \Box 7:30 – 8:00 a.m. \Box 3:00		ddler, Primary,
How did you hea	ar about IMA?		
□ Word of Mouth Referra	From(NAME)		
	(111111111)		
= Internet Coarsh			
□ Internet Search	(WEBSITE)		
	(WEBSITE) (PUBLICATION)		Flyer

Other school(s) attended by applicant:				
Name	Address		Program or Grade(s) / Date(s)	
Please li	ist other schools to	which you are	e applying for admission:	
Please li	st all other childre	n in the family	:	
Name		Birth date	Current School	
Feel free to a		aper if you would like	e more space to answer the questions. attend IMA. What immediate goals do you have	
characteristics		erns (social, (pre)acaden	at are your child's strengths and unique nic, behavioral or medical) that may have affected	
			st drawn to? What aspects do you feel would ence you've had with Montessori education:	

Please describe the most these values?	important values by which you and your family live. How do you instill and reinforce
What are your child's and	d family's special interests and extracurricular activities?
Date	Parent Signature

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