



**Isthmus
Montessori
Academy**

1402 Pankratz Street
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
1402 Pankratz St
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:	Place of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Parent/Guardian Name in Full:		
Address:		
Telephone (home and cell):	H:	C:
Email:		
Occupation:		
Employer:		
Business Phone:		

Parent/Guardian Name in Full:		
Address:		
Telephone (home and cell):	H:	C:
Email:		
Occupation:		
Employer:		
Business Phone:		

Check Which Applies: Parents Together Parents Separated Parents Divorced Solo Parent
With whom is child living? _____ Who is legal guardian? _____

Is the child regularly cared for by anyone other than parents/guardians? Y N

If so, by whom? _____

What portion of the day? _____

Isthmus Montessori Academy is committed to enroll a community that reflects the diversity of the Madison Area, including that of race, ethnicity, family structure, religion, and socio-economics. The following information is helpful to us, but is optional. All information is kept confidential.

Religion _____ Ethnic origin _____ Race _____

Primary language _____ Other language(s) spoken _____

Level Applying For: Academic Year: 20_____ Sept. Jan. Other _____

Nido Program (2 mo. to 15 mo. and very steady walkers):

Toddler Program (15 mo. and very steady walkers to 2.5 to 3 yrs.): Half Day (8:00 – 12:00) Full Day (8:00 – 3:00)

Primary (2.5 to 3 yrs. – 6 yrs.): Half Day (8:00 – 12:00) Full Day (8:00 – 3:00)

Elementary (1st - 6th grade/6-12yrs.)

Adolescent (7th – 9th grade/12-15yrs.)

Do you anticipate needing before or after school care? (This is available for children in the Toddler, Primary, Elementary, and Adolescent Programs): 7:30 – 8:00 a.m. 3:00 – 5:30 p.m.

How did you hear about IMA?

Word of Mouth Referral From _____
(NAME)

Internet Search _____
(WEBSITE)

Print _____ Mailed Brochure/Flyer
(PUBLICATION)

Other (please indicate) _____

Other school(s) attended by applicant:

Name	Address	Program or Grade(s) / Date(s)
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Please list other schools to which you are applying for admission:

Please list all other children in the family:

Name	Birth date	Current School
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Please answer the following questions.

Feel free to attach a separate piece of paper if you would like more space to answer the questions.

Please share with us why you are interested in having your child attend IMA. What immediate goals do you have for your child's development – social, emotional, academic?:

Your parental perspective helps us get to know your child better. What are your child's strengths and unique characteristics? Please also include any concerns (social, (pre)academic, behavioral or medical) that may have affected your child's development and/or educational experience thus far:

What specific aspect(s) of the Montessori philosophy are you most drawn to? What aspects do you feel would benefit your child and why? Please include any first-hand experience you've had with Montessori education:

Please describe the most important values by which you and your family live. How do you instill and reinforce these values?

What are your child's and family's special interests and extracurricular activities?

Date _____ Parent Signature _____

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