



1402 Pankratz Street, Suite 150
 Madison, WI 53704
 (608) 661-8200
info@imapublic.org
isthmusmontessoriacademy.org

Application for Admission

All information on this application is kept confidential. Please send this application to the following address:

Isthmus Montessori Academy Public
 1402 Pankratz St, Suite 150
 Madison, WI 53704

NOTICE OF NONDISCRIMINATORY POLICY

Isthmus Montessori Academy Public 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, or employment.

Name of Child:			
	(First)	(MI)	(Last)
	(Preferred Name)		

Date of birth:	Place of birth:	Sex assigned at birth:
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Parent/Guardian Name in Full:		
Address:		
Telephone (home and cell):	Home:	Cell:
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 the child living?

Who is legal guardian?

Does anyone else regularly care for the child? Yes No

If yes, who else cares for the child? _____

When? _____

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

Religion _____ Ethnic origin _____

Race _____ Gender identity _____

Primary language _____ Other language(s) spoken _____

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

*Program times may be subject to change

Primary 4K (Half Day Program, from 8:00am-12:00pm)

*Must be 4 years old by September 1st of the upcoming school year

Primary 5K (Full Day Program, from 8:00am-3:00pm)

*Must be 5 years old by September 1st of the upcoming school year

Lower Elementary (1st - 3rd grade/6-9 yrs.)

Upper Elementary (4th - 6th grade/9-12 yrs.)

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

*IMA, Inc. provides on-site care for children 2 months-3 yrs., 4K Wraparound Care, and Before Care and After Care for IMA students.

By checking a box below, I am giving IMAP permission to submit my application information to IMA, Inc.

- Childcare for a younger child (part time and full time available)
- 4K Wraparound Care (12:00-3:00 p.m.)
- Before Care (7:30 – 8:00 a.m.)
- After Care (3:00 – 4:15 p.m.)
- After Care (3:00 – 5:30 p.m.)

How did you hear about IMAP?

- Word of Mouth Referral From _____
(NAME)
- Internet Search _____ Brochure/Flyer
(WEBSITE)
- Print _____ Other (please indicate) _____
(PUBLICATION)

Other school(s) attended by the child:

Name	Address	Program or Grade(s) / Date(s)
_____	_____	_____
_____	_____	_____

Does the child have siblings? Yes No

If yes, what are their names and ages?

What goals do you have for your child at school?

What are your child's strengths and unique characteristics?

Have you had any previous experience with Montessori education? Yes No

If yes, where or how? _____

What specific aspect(s) of Montessori education appeal to you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Freedom of movement | <input type="checkbox"/> Multi-age classrooms | <input type="checkbox"/> Customized lesson plan for each student |
| <input type="checkbox"/> Uninterrupted work period | <input type="checkbox"/> Education for peace | <input type="checkbox"/> Prepared environment |
| <input type="checkbox"/> Rigorous teacher training | <input type="checkbox"/> Montessori materials | <input type="checkbox"/> Other _____ |

What are some of the most important values in your family?

***Submission of a completed Application for Admission to IMAP does not secure or guarantee a place for your child.**

Date _____ Parent/Guardian Signature _____

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