westmont

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Application Form

Today's Date:_____

Student Information

Applicant's Name: _____ **M** **F**

First Middle Last

Legal Name: (*If different from above*) _____

Applicant's Citizenship: _____ **Date of Birth:** (yyyy/mmm/day) _____

Address of Student: _____

City:_____ **Postal Code:** _____

Applicant lives with: Both parents ☐ Father only ☐ Mother only ☐ Guardian ☐

Other (please specify): _____

Education Details

School Year Applied for: 20___/20___

Pre-School: Morning ☐ Full Day ☐ **Kindergarten** (*age 5 by Dec. 31 of attending year):* Full Day ☐

Elementary/Middle School Grade: _____

Name of Current School (*If applicable***)** _____

Address: _____ **Phone Number:** _____

Has the applicant had any psycho-educational assessment? Yes ☐ No ☐
(If yes, please include the assessment with this application.)

Has the applicant ever had Learning Assistance of any kind? Yes ☐ No ☐

If yes, please explain the nature and duration of this assistance: _____

_____

Do you give permission for West-Mont to contact the applicant's current school to discuss his/her progress?
Yes ☐ No ☐

Is there any other information about the applicant that you feel the School should know in order to help him/her integrate well into the school (*e.g. academic, social, medical situations)?*

_____

_____

Please enclose, with this application, child's most recent school report, if applicable.

4075 Metchosin Rd | Victoria, BC V9C 4A4 | T: 250.474.2626
E: info@west-mont.ca | www.west-mont.ca

Parent #1 / Guardian Information

Parent's Name: _____ **Parent's Citizenship** _____

Address if different from student: _____

City: _____ **Postal Code:** _____ **Home Phone #:** _____

Work Phone #: _____ **Cell Phone #:** _____ **Email:** _____

Occupation _____ **Professional Title** *(If applicable)* _____

Name of Employer _____ **Address of Employment** _____

Parent #2 / Guardian Information

Parent's Name: _____ **Parent's Citizenship** _____

Address if different from student: _____

City: _____ **Postal Code:** _____ **Home Phone #:** _____

Work Phone #: _____ **Cell Phone #:** _____ **Email:** _____

Occupation _____ **Professional Title** *(If applicable)* _____

Name of Employer _____ **Address of Employment** _____

Sibling Information

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Is there any person NOT permitted access to the child? ***Yes*** ☐ ***No*** ☐
(If yes, please attach relevant information to this application)

How did you first hear about West-Mont Montessori School:

Parent ☐ West-Mont staff ☐ A current/former student ☐ Newspaper/Magazine ☐ Web search ☐
West-Mont website? ☐ Other _____

Payment Option *(check one)*

In Full (due July 1, of attending year) ☐ **12 monthly payments (July 1 through to June 1 of attending year)** ☐

PLEASE ATTACH THE $75 REGISTRATION FEE TO THIS FORM. THANK YOU.

Declaration of Parent or Guardian:

For the purpose of establishing eligibility to receive the annual grant to Independent Schools from the BC Ministry of Education, I declare that either:

I am a citizen of Canada or a landed immigrant and a permanent resident of British Columbia, or
I have been lawfully admitted to Canada and I am a resident in British Columbia

_____ _____ _____ _____
Signature of Parent / Guardian Date Signature of Parent / Guardian Date