

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 ever attended a Montessori program? Yes No

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 Westmont 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)?

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 Westmont Montessori School:

Parent Westmont staff A current/former student Newspaper/Magazine Web search

Westmont website? Other _____ ***SIBLING** ***ALUMNI**

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 NON-REFUNDABLE \$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