



Date: \_\_\_\_\_

## Application for Student Admission

**Application Fee: \$100.00**

*Please submit this form, the \$100 application fee and teacher/childcare provider recommendation form completed to: Quest Montessori School, 1150 Boston Neck Road, Narragansett, RI 02882.*

Applying for the 20\_\_ to 20\_\_ academic year for enrollment in:

- |  |                                   |                                  |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Toddler (18m - 3y) Half-day | <input type="checkbox"/> Full-day | <input type="checkbox"/> Grade 4 |
| <input type="checkbox"/> Primary (3y - 6y) Half-day  | <input type="checkbox"/> Full-day | <input type="checkbox"/> Grade 5 |
| <input type="checkbox"/> Grade 1                     |                                   | <input type="checkbox"/> Grade 6 |
| <input type="checkbox"/> Grade 2                     |                                   | <input type="checkbox"/> Grade 7 |
| <input type="checkbox"/> Grade 3                     |                                   | <input type="checkbox"/> Grade 8 |

### STUDENT INFORMATION:

\_\_\_\_\_

Full name

Nickname

\_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female \_\_\_\_\_

Birth Date

Current Age

Age Sept. 1 of Year Seeking to Enroll Student

\_\_\_\_\_

Home Street and Mailing address

City/Town and State

Zip

Home phone number

### CURRENT SCHOOL:

\_\_\_\_\_

Student's current grade level

Current school name

\_\_\_\_\_

Reason for leaving

### PREVIOUS SCHOOL HISTORY:

\_\_\_\_\_

School name

Address

Phone

\_\_\_\_\_

Dates attended

Reason for leaving



*We are thrilled that your family is interested in Quest. We are a nurturing community that is truly "whole child". We want to make sure that we are equipped to meet the needs of your student, so it is important that you provide all of the necessary information. It is of utmost importance to us that your student have a quality education here at Quest.*

**STUDENT'S MEDICAL HISTORY:**

Any allergies? \_\_\_ Yes \_\_\_ No. If yes, please list below.

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Any long term medications? \_\_\_ Yes \_\_\_ No. If yes, please list below.

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Does this student have any pre-existing medical conditions/illness, such as diabetes, asthma, ADHD? \_\_\_ Yes \_\_\_ No.  
If yes, please list below.

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Has this student ever been referred to anyone for academic evaluation, special testing, or Early Intervention? If yes, please describe.

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Has this student been seen by a specialist for support in any of the following areas?

- Academic                                       Behavioral  
 Emotional                                         Medical

If yes, please explain:

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Does this student have any special physical, cognitive or emotional needs? \_\_\_ Yes \_\_\_ No. If yes, please specify.

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**ADDITIONAL INFORMATION:**

Why do you want your child to attend Quest Montessori School?

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Are you interested in your child attending Quest Montessori School through Middle School?

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Are you interested in your child attending before and/or after care?

- Before Care (for Toddler and Primary students)     After Care

How did you first learn about Quest Montessori School?

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*I have read and understand the Quest Montessori School Admissions Policy.*

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Signature of parent or guardian

Date

**STUDENT'S ETHNICITY:**

*The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.*

**REQUESTED CIVIL RIGHTS COMPLIANCE INFORMATION:**

<b>I do not wish to furnish this information</b>	<input type="checkbox"/>
<b>Ethnicity:</b>	
Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
<b>Race/National Origin:</b>	
American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
<b>Sex:</b>	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discrimination based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (E.G., Braille, large print, audiotape, American sign language, etc.) should contact the responsible Agency or USDA's TARGET center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. To file a discrimination complaint, Complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: 1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 2) Fax: (202)690-7442; or 3) Email: [program.intake@usda](mailto:program.intake@usda). USDA is an equal opportunity provider, employer, and lender.