



**GOLD MATERIAL
MONTESSORI SCHOOL OF BROOKLYN**

105 Kings Highway, Brooklyn, NY 11214 Tel: (718) 253-2552 www.montessorischoolnyc.com

LOWER ELEMENTARY SCHOOL (Kindergarten – Grade 3)

Application for Admission

Admission for the Academic Year 20_____

- Kindergarten** (Student must be five years old on or before December 31st, of the year of entry)
 Grade 1 (Student must be six years old on or before December 31st, of the year of entry)
 Grade 2 (Student must be seven years old on or before December 31st, of the year of entry)
 Grade 3 (Student must be eight years old on or before December 31st, of the year of entry)

Child's Name _____ **Sex** _____
 (First) (Last) (Nickname)

Date of Birth ___/___/___ **Place of Birth** _____

Language Spoken by Family _____

Child's Father (or Guardian 1) _____ **Occupation** _____
 (First) (Last)

Home Tel: _____ Cell Tel: _____ Work Tel: _____

Home Address _____

Work Address _____

E-mail _____

Child's Mother (or Guardian 2) _____ **Occupation** _____
 (First) (Last)

Home Tel: _____ Cell Tel: _____ Work Tel: _____

Home Address _____

Work Address _____

E-mail _____

Parent(s)/Guardian(s) are: Married Single Separated Divorced Widowed Grandparent(s)
 Legal Guardians Other (please explain): _____

Emergency Contact and Medical Information

List below names of persons who may bring or pick up the child from the school, and who can be called in case of emergency or if child is sick:

 (First name) (Last name) (Phone number) (Relation to the child)

 (First name) (Last name) (Phone number) (Relation to the child)

 (First name) (Last name) (Phone number) (Relation to the child)

Medical Information

List any allergies that child has _____

Does child has any condition that may affect participation in physical activities? Any limitation (e.g. stair climbing)

Consent for emergency medical treatment

I do hereby give authority to the staff of Gold Material Montessori School to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signed _____ Date _____ Relationship _____

Educational Information

Current School _____ Current Grade _____

Dates in attendance _____

School address _____

Contact: _____

Phone number _____ e-mail: _____

Please mail this form with a \$100 application fee to the Admissions Office (address on front side of this form). Application Fee is non-refundable. You may also stop by our office to deliver your application. After receiving the application, the Admissions Office will call you to schedule an appointment for your entrance examination, school visit and interview.

Gold Material admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national or ethnic origin in the administration of its educational school-administered program.

Tuition Rates:

The rates are for Academic School Year (10 month period from September 6th 2016 to June 30th 2017)

Full Day (8:00 a.m. – 3:00 p.m.) - \$12,800

Afternoon Plus (3:00 p.m. – 6:00 p.m.) - \$ 2,000

Date: _____

Name of Parent/Guardian completing this form _____

Signature of Parent/Guardian completing this form _____