



For OJMS Use:
Date Received:
Check Number:
Amount:
Program(s):
Interview:

New Student Application for Admission

1640 W. 13200 South • Riverton, UT • 84065 • 801-253-4000
info@ourjourney.org • www.ourjourney.org

Applying for

of Days

	Toddler Half Days _____ (specify days)
	Toddler Full Days _____ (specify days)
	Emerging Half or Full Day _____ (specify)
	ECH ½ Days _AM_or_PM _____ (specify days)
	ECH 2-4 Full Day _____ (specify days)

	Early Childhood 5 ½ days, Mon-Fri AM_or_PM
	Early Childhood All Day 5 days
	Elementary 1
	Elementary 2
	Middle School

PLEASE PRINT

NAME OF CHILD: _____ Male Female
 (First) (Middle) (Last)

Birthdate _____ Age of Child as of September 1, _____ years

Home Address of Child _____

PARENT OR GUARDIAN

Name _____
 Street address _____
 City _____ Zip Code _____
 Home Phone _____
 Cell Phone _____
 E-mail _____
 Occupation _____
 Hobbies & Skills _____

OTHER PARENT OR GUARDIAN

Name _____
 Street address _____
 City _____ Zip Code _____
 Home Phone _____
 Cell Phone _____
 E-mail _____
 Occupation _____
 Hobbies & Skills _____

Marital Status of Parents: Married Remarried Divorced Domestic Partnership
 (Please circle as applicable) Single Separated Widowed

Custody Agreement if Parents are Not Married _____

If Domestic Partnership, who has legal status for the child _____

Applicant lives with: Both Parents Mother Father Other (please specify) _____

Other Children in the Family:

Name	Age	Birthdate	School

This Section for TODDLER, EMERGING, & ECH. Applicants ONLY

Were there any special conditions or difficulties at birth? YES NO If YES, what were they? _____

Does your child toilet independently? YES NO If not, please explain where child is at in process: _____

With what age children does your child play? _____

Has the child previously experienced (circle below and give details as applicable):

Neighborhood Play? Nursery School? Daycare? Home Daycare?

Motor Skills

Behavioral

At what age did your child sit? _____ Does your child dress him/herself? _____

Crawl? _____ Stand? _____ What are your child's eating habits? _____

At what age did your child speak in words? _____ Does the child have tantrums? _____

Sentences? _____ Frequency? _____

Comments: _____ How does the child express anger? _____

CHILD HISTORY

All Applicants, Please Answer All Questions

Schooling — please list schools attended by your child

School	City, State	Date(s) Attended	Grade/age

Has your child ever been dismissed from any school for any reason? YES NO Suspended? YES NO

Asked to withdraw? YES NO If YES to any of these questions, please explain _____

Why did you feel the need to change schools? _____

Motor Skills

Does your child show hand dominance? YES NO Circle: Left Right

Communication Skills

What is your child's primary language? _____ Second language? _____

Is the child exposed to any foreign languages? YES NO If YES, which language(s), and, where does the child experience

it and how often? _____

Can your child verbalize needs in English? _____

Have you noticed any speech deviations? YES NO If YES, what are they? _____

Behavioral

Does the child have a history of: Thumb/finger sucking? YES NO If YES, when? _____

Hyperactivity? YES NO If YES, what treatment and/or medication is/was used? _____

Does the child have any special fears? YES NO. If YES, please explain _____

Does the child accept new people easily? _____

Does the child have regularly scheduled times for meals and bedtime? _____

How would you characterize your child's temperament? _____

CHILD HISTORY (Continued)

Medical History

Does the child have a history of: *(Check box if "yes")?*

High Temperature

Ear Infections

Fractures

Hospitalizations

Allergies

Hearing Difficulties

Vision Abnormalities

Other _____

If yes to any of the above, please provide FULL and COMPLETE details: _____

Does your child have any allergies or other adverse physiological reactions to a specific substance (such as type of food, medicine? airborne irritants, etc.)? YES NO If YES, please explain _____

Is your child currently taking any medications or herbal remedies? YES NO If YES, please explain the purpose of the treatment _____

Is the medicinal or herbal treatment prescribed by a physician? _____

Does the child have any special challenges (e.g. physical, emotional, or learning)? Please explain. _____

Social

Does the child separate from you easily or with difficulty? _____

What is your child's favorite way to socialize (e.g. large group, one-on-one, prefers grownups, prefers children, loud atmosphere, quiet atmosphere)? _____

Family Information

Is the child adopted? YES NO If YES, does the child know? _____ At what age was the child adopted? _____

How does the child get along with siblings? _____

Is either parent absent for long periods of time? YES NO If YES, please explain _____

If the child is cared by anyone other than the parents, what is the name and relationship of the caregiver? _____

Other than the parents and siblings, are there any other people living in the home? _____

Who are they and what is their relationship to the child? _____

Has your child had any traumatic or difficult experiences? YES NO If YES, please explain _____

Does the child have specific responsibilities at home? YES NO If YES, please explain _____

How do you handle discipline with your child? _____

Are you aware of any special learning needs your child may have? _____

What is your greatest delight with this child? _____

What is your greatest challenge with this child? _____

Please tell us something further about your child that we have not asked _____

What benefits do you expect your child to derive from a Montessori education? (Attach another sheet of paper if necessary)

What do you expect to gain from your child's school experience? _____

What are your child's expectations, academic goals & desires? _____

Are you in need of before or after school care for your child?

(Please Circle)

Before School:

After School:

How often?

Occasionally

Which Our Journey Montessori School programs do you anticipate your child will attend in the future? (check all that apply)

Early Childhood

Elementary 1

Elementary 2

Middle
School

Is the applicant related to a present or past student at Our Journey Montessori School? _____

If yes, please give the name and applicant's relation to that student: _____

How did you first hear about Our Journey Montessori School? Website

Internet Search

South Valley Journal

Yellow Pages

Other _____

Referred by _____

For Elementary Applicants:

Current School _____ Current Grade Level _____

Academic Interests _____

Other required items: Transcript from your child's previous school(s).

A nonrefundable application fee of \$50.00 is required with this application.

I acknowledge that I have responded to these questions to the best of my knowledge and ability. I understand that this questionnaire is used as a tool toward serving the best interests and needs of my child and our family in Our Journey Montessori School's educational environment.

If my child is accepted into a program, I understand that the nonrefundable fees (New Student, Materials, and Activity) with a signed contract will be required at the time of enrollment. I also understand that once an enrollment contract is signed, I am financially obligated to the terms of the contract unless the school recommends withdrawal.

Signature of parent or guardian

Date

Instructions

- Please return
1. The completed Application Form
 2. A check, made out to Our Journey Montessori School, for the \$50 non-refundable application fee to

**Our Journey
Montessori School
1640 W. 13200 S.
Riverton, UT 84065**

Upon receipt of the application form and fee, you will receive an acknowledgement. Student may be asked to attend an interview or spend a day in a classroom in order to be considered for enrollment.

Elementary & Middle School Students: To ensure a timely response to your application, please send the Request for Transcript form to your child's previous school immediately.

Our Journey Montessori admits students regardless of race, religion, national origin or gender.