



20130 S.W. 304th Street Homestead, FL 33030
 Phone: 305-248-2308 Fax: 305-248-4484
 www.kingswoodmontessori.com

Application for Admission

Application for grade _____ School Year 2013 - 2014

Student's full name _____

(as it should appear on school records)

Male Female

Place of birth _____ D.O.B. ____/____/____

Student's Social Security Number _____

Correspondence should be addressed to:

Name _____

Address _____
Street City Zip

E-mail Address *(optional)* _____

Father's full name: _____

Mother's full name: _____

Address: _____

Address: _____

Phone: (H) _____
 (W) _____
 (Cell) _____

Phone: (H) _____
 (W) _____
 (Cell) _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Education: _____

Education: _____

Please attach a recent photograph of your son or daughter

Age in September _____

Student lives with
 (check any that apply)

Mother Stepmother
 Father Stepfather
 Other(s) _____

Parents separated
 Parents divorced
 Father deceased
 Mother deceased

Date received:	For Office Use Interview Date:	Observation Visit:
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Maternal grandparents

Paternal grandparents

Name

Name

Street

Street

City State Zip

City State Zip

Financial responsibility for the student's tuition will be assumed by: _____

How did you learn about Kingswood? _____

Name and relationship of relatives who have attended Kingswood: _____

Student's present school: _____

Enrolled since: _____ Grades attended ____ through ____

School address: _____

School phone: _____ Teacher or advisor: _____

Previous schools:

Name of school City and state Grades attended Years

Name of school City and state Grades attended Years

Has the applicant had any form of achievement, intelligence, or psychological testing during the last three years?
Name of test: _____ Administered by: _____ Yes No

Health

Describe student's general health: _____

Does he/she have any physical handicaps or allergies which would limit his/her participation in the full range of school activities? If yes, describe: _____

Has the student ever suffered any serious injury or illness? _____

Is the student under the care of a physician, psychiatrist, or psychologist? _____

Has the student had a history of ear infections/surgery? _____

Complications at birth and/or premature delivery: _____

Our primary goal in the admission process is to try to ensure the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

What is it about Kingswood that appeals to you? Why do you think it would make a good choice for your son or daughter?

Do you see your son or daughter as a fairly self-motivated and independent learner, or do you see that he/she needs close supervision to stay on task and do well academically?

What responsibilities does your son or daughter have at this stage in his/her life around your home?

How would you describe your son or daughter's social adjustment? Does he/she have many friends? Are any of them long-standing relationships?

What sports, clubs, or other social programs is your child involved in? Please discuss schedules and time obligations.

How does your son or daughter spend his/her spare time?

What languages does he/she speak? Is a language other than English primarily spoken in the home?

How would you describe your son or daughter's learning style? What are his/her major academic strengths? Weaknesses?

Has your son or daughter had any difficulties in school? If so, what supports have you or his/her school provided?

Kingswood uses photographs and names of students for advertising purposes, newsletters, and yearbooks. Please state specifically any objections you may have to the use of your child's photograph being used in this manner.

_____ Initial No Objection

_____ Initial I object to my child's photograph and/or name being used in the following ways:

A signed Financial Agreement and a registration fee of \$500.00 should accompany your application. This fee is not refundable. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Kingswood, and as authorization to our office to obtain transcripts and recommendations from previous schools.

Authorization for the Release of Records

School _____

Address _____
Street City State Zip

On behalf of my child _____, who is presently enrolled at your school, I have applied for admission to Kingswood Academy beginning with the term starting _____, 200_. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teacher's comments, and observations of his/her overall development and progress.

Signature of parent or guardian

Date

Please forward to: Kingswood Academy 20130 S.W. 304th Street Homestead, FL 33030
Phone: 305-248-2308 Fax: 305-248-4484