



Nature's Classroom Institute &  
Montessori School  
W336 S8455 Hwy E | **PO Box 660**  
Mukwonago WI 53149-0660  
262.363.2815  
www.discovernci.org

**A \$50 non-refundable application fee  
must accompany this form.**

*FOR OFFICE USE ONLY:*

Fee Rec'd by \_\_\_\_\_ Date \_\_\_\_\_ Ck# \_\_\_\_\_

## APPLICATION FOR ADMISSION Academic School Year 2023-2024

\_\_\_\_\_ Primary Class (Half Day) \_\_\_\_\_ Primary Class (Full Day) \_\_\_\_\_ Lower Elementary (6 – 9 year olds)

\_\_\_\_\_ Upper Elementary (9 – 12 year olds) \_\_\_\_\_ Adolescent & High School Program (12 – 18 year olds)

### Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last

Name commonly used: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Primary Telephone # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

List Previous School Experiences or Social Experiences: \_\_\_\_\_  
\_\_\_\_\_

Where? \_\_\_\_\_ How Long? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Siblings (if any, names and ages) \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## APPLICATION QUESTIONNAIRE

**Student Background Information** – Please note that information on this form is NOT used to exclude any child, but rather to gain a more complete understanding of the child's needs and to assess our ability to meet them. You may attach additional handwritten pages if necessary.

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### General Development:

Please describe child's basic temperament:

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How do you see this child in his/her social/emotional development?

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Were early childhood developmental milestones reached within age appropriate guidelines?

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And if not, were interventions necessary; please describe?

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Does child have any hobbies, special interests, specialized areas of development, etc.?

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Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (medical, psychological or educational) ever been completed for this child? Please provide details.

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*\*\*Please note permission to have copies of testing or evaluations may be requested as part of admissions processes.*

\*CHILDREN'S HOUSE APPLICANTS ONLY: Is child potty trained? If so when? \_\_\_\_\_

**School Environment:**

Please indicate the particular strengths and weaknesses of your child in their present school, group setting or other environment outside of home:

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Please provide reasons for leaving your child's current educational or group environment?

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Has your child ever needed an educational evaluation that required remedial intervention or an Individualized Education Plan (IEP)?

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How long do you plan to have your child enrolled in Nature's Classroom?

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Nature's Classroom Montessori believes a strong educational institution is enabled by families that commit to actively participating in their child's educational community. What level of commitment can we expect from the parent/guardian(s) in becoming an active participant in our school?

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