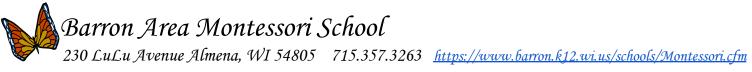
230 LuLu Avenue Almena, WI 54805 715.357.3263 https://www.barron.k12.wi.us/schools/Montessori.cfm

APPLICATION FOR ADMISSION 20__-20__ School Year

Child's Full Name	D	ate of Birth			
Home Address	City	State	Zip		
Age as of September 1, 20:yearsmonths					
Beginning the 2022-23 school year, the Wisconsin Department of Public Instruction will expand gender identification to include non-binary in addition to male or female. Gender codes are used for a wide range of public reporting and accountability purposes. Non-binary gender identity is a term to describe individuals who gender-identify as neither exclusively female or male. BASD parent(s)/guardian(s) will be asked to complete/update a student demographic data form that includes all three identifications either at the beginning of the school year, during Goal Setting Conferences, or with any new enrollment. Should gender be a change throughout the school year, we ask that parent(s)/guardian(s) contact the school office to obtain a new form.					
□ male □ female □ non-binary					
Program applying for:					
□ 3 yr old - AM only (5 days/week)	□ 4 yr old - AM only (5 days	/week)			
□ 4 yr old - All Day (5 days/week at teacher's discretion) □ 5-11 yr old - Montessori All Day (5 day week)					
Parent/Guardian Full Name	Parent/Guardian Full Nam	ie			
Home Address if different from student's	Home Address if different	from stude	nt's		
Phone	Phone				
Home Cell e-mail	Home C	Cell			
e-maii	e-maii				
Occupation	Occupation				
Work phone	Work phone				
Name of Business	Name of Business				



If parents' addresses	s are not the same, where does the child	d reside?
In what school distric	ct does the child reside?	
How did you learn o	f Barron Area Montessori School (be spe	ecific)?
the enclosed proced	·	ns, has read and agrees to the policies on ter and understands that s/he is expected obligation.
Signature(s) of Pare	nt/Guardian	Date
		Date
The Barron Area M	ontessori School does not discriminate on the basis of race,	, creed, color, national origin, age, sex or handicap.
	OFFICE USE ONLY	(
Date received	□ Profile received Siblings?	□ ves □ no

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Child's Profile 20__-20__ School Year

Child's	s Full Name	Date of Birth
	What are your reasons for choosing a Montessori education for your	
2.	Tell us what is unique about your child. What about him/her is espe What does your child struggle with?	cially endearing to you?
3.	What does your child do when s/he is agitated, tired, upset, anxious	, etc?
4.	Does your child have any fears or anxieties we should know about? thunder, water, etc.	E.g.: animals, insects,
5.	What is your approach to discipline?	
6.	Please share any other information you think will help staff understa	nd your child.
7.	If your child is accepted to Barron Area Montessori, are your intentic through the Kindergarten year? Please discuss your thoughts.	ons to enroll your child
Signat	ure	Date