



Barron Area Montessori School

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 _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Age as of September 1, 20__:__ years __ months

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 Name
Home Address if different from student's	Home Address if different from student's
Phone Home Cell	Phone Home Cell
e-mail	e-mail
Occupation	Occupation
Work phone	Work phone
Name of Business	Name of Business



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If parents' addresses are not the same, where does the child reside? _____

In what school district does the child reside? _____

How did you learn of Barron Area Montessori School (be specific)? _____

The undersigned has truthfully answered the above questions, has read and agrees to the policies on the enclosed procedures for applications and admissions letter and understands that s/he is expected to participate in the operation of the school as part of her/his obligation.

Signature(s) of Parent/Guardian _____ Date _____

_____ Date _____

The Barron Area Montessori 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? yes no

