



*Prairie View welcomes all children without regard to
race, color, gender or religious background.*

application for pre-school/kindergarten

CHILD

Last First Middle Nickname (if any)

Birth date (Month/Day/Year) Age: years months

Place of Birth male female

Date You Want to Start:

Previous School Experience: (if applicable)

Sibling Application:

Yes No

Montessori School duration

Other School duration

Applying for:

Half Day Full Day Kindergarten

3 Days 4 Days 5 Days (M-F)

Mom or Guardian

Dad or Guardian

Name

Name

Home Address

Home Address

Occupation

Occupation

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone

e-mail

Cell Phone

e-mail

OFFICE USE ONLY

Date Received

Date of Orientation Visit

Check Number

Date of Admissions Interview

A \$200.00 check (one-time, non-refundable fee) must accompany this application.
Please fill out the other side.

"Give Your Child A View Without Limits!"

child information

The following information will help us get to know you and your child better.

What are your goals and expectations for your child at Prairie View Montessori?

How would you describe your child's personality and learning style? _____

What do you see as your child's special interests and strengths? _____

How would you describe your child's social development? _____

In what area/s would you like to see your child develop? _____

What is your child's general health? _____

Are there any other children living in the home? _____

How does your family enjoy spending time together? _____

What is your approach to discipline at this time? _____

Please outline any special educational, physical, or emotional needs of your child. _____

How do you see PVM assisting you in meeting goals for your child? _____

FOR OFFICE USE ONLY

ADMISSIONS REQUIREMENTS COMPLETED:

☐ _____ application form

☐ _____ child/family interview

☐ _____ application fee

☐ _____ child's school visit

☐ _____ attendance at orientation meeting

☐ _____ acceptance to PVM

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