



1071 Woodberry Sq. Pl. • Lynchburg, VA 24502 • (434) 525-0061

New Student Application Elementary

Application Process:

1. Submit a 2017 – 2018 completed application along with the appropriate non-refundable registration and supply fees.
2. Provide the following documentation for the prospective student to ensure the enrollment process is complete.
 - ___ This completed application form
 - ___ The completed Student Contract
 - ___ A copy of original certified birth certificate
 - ___ A signed copy of child's most recent physical examination and immunizations
 - ___ A copy of any special learning services (IEP, IDEA, etc.)

General Information:

Student Last Name		First Name	Middle Name	Nickname
Address	Street	City	State	Zip
Age	Date of Birth	Sex	Home phone #	

Desired Schedule:

Lower Elementary – 1st - 3rd Grade:

- ___ 8:15 – 2:50 ___ Before Care Program
- ___ 8:15 – 4:00
- ___ 8:15 – 5:30

Upper Elementary – 4th - 6th Grade:

- ___ 8:15 – 2:50 ___ Before Care Program
- ___ 8:15 – 4:00
- ___ 8:15 – 5:30

Before Care Program includes early drop off between the hours of 7:30 and 8:00

Family Information:

Father's Name Place of Employment Work # Cell# Email

Mother's Name Place of Employment Work # Cell# Email

Parent's Marital Status: (check one)
___ Married ___ Divorced ___ Separated ___ Single Parent ___ Widowed
___ Other: _____

Legal guardian(if applicable): _____

Name	Relationship to Child
<i>***Additional paperwork on legal matters will be required to be placed in the child's file***</i>	

List ALL Members of Child's Household:

Name	Age	Relationship

Do you have any pets that live in your household? Please tell us the type of pet and the pet's name.

How often does your family see extended family? (Check One)
___ Daily ___ Weekly ___ Monthly ___ Annually ___ Other: _____

Does your family/child speak any other languages? Y / N ESL? Y / N ELL? Y / N
If Yes, What Languages? _____

What is your family's primary language at home? _____

Home Life Information:

What methods of discipline are implemented at home? Please Describe:

How does your child respond to the implemented discipline at home?

How many hours weekly does your child watch TV? _____
Please list child's favorite shows: _____

How many hours weekly does your child use technology (Computers, Tablets, Smart Phones, etc.)? _____ Please List what activities your child enjoys and on which type of technology?

Does your child participate in household chores? Y / N

If Yes, Please describe: _____

Health and Development Information

Does your child have allergies? Y / N

If Yes, Please Describe: _____

Does your child have any dietary restrictions? Y / N

If Yes, Please Describe: _____

Does your child have any difficulty with: (Check all that apply)

Speech Vision Hearing Eating
 Emotions Physical Development Health Problems

If you checked any of the above, Please describe:

Does your child have any learning disabilities (ADHD, ADD, dyslexia, autism, etc)? Y / N

If Yes, Please Describe: _____

School Information

Describe any previous school experiences or group situations:

Do you feel these experiences were generally good? Y/ N

If No, Please Explain: _____

Did your child have any difficulties at any other school or group situations (behavioral, academic, social or emotional)? Y / N

Any Suspensions? Y / N Any Expulsions? Y / N Any Dismissals from programs? Y / N

If Yes to any of the above, Please Describe: _____

Has your child had any discipline problems (ex: In-school detention, office referrals, etc)? Y / N

If Yes, Please Describe: _____

What are your child's strengths? _____

Weaknesses? _____

Has your child ever been enrolled in a gifted program? Y / N

If Yes, Please Describe: _____

Does your child receive special services under IDEA or IEP? Y / N If IEP, is it current? Y / N
If Yes, Please Describe: _____

****A copy of IEP must be submitted to BRMS along with this application****

Does your child prefer to play/work alone or with other children?

When with other children, how does your child interact with others?

When with other children, how does your child react to conflict?

Does your child separate easily from parents? Y / N

Montessori Information:

Has your child had any Montessori experience? Y / N

If Yes, Please describe your child's experience:

What do you know about Montessori? Please Describe?

Are you aware that the Primary Montessori Program is based on a 3 year cycle? Y / N

Miscellaneous Information:

How did you learn about Blue Ridge Montessori School?(choose one)

___ Friend: Name _____ ___ Advertisement ___ Facebook

___ Other: _____

Is there any other information that might help our staff better understand your child?

What are your goals for your child/family for this upcoming school year?

