

# Application for Admission

Mount Madonna School | 491 Summit Road | Mount Madonna, CA 95076 | (408) 847-2717 | (408) 847-5633 Fax

Today's Date: \_\_\_\_\_ Requested date of admission: Month \_\_\_\_\_ Year \_\_\_\_\_ Applying for grade \_\_\_\_\_

*Applicant's Name* \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

*Father/Parent* \_\_\_\_\_ Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

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

*Mother/Parent* \_\_\_\_\_ Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

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

*If separated or divorced, please list the home address of the other parent:*

Parent's Name \_\_\_\_\_ Email Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In the case of a divorced or separated family, the applicant lives :

Equal time with both parents \_\_\_\_\_ Or the majority of the time with \_\_\_\_\_

Current School \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Director's/Principal's Name \_\_\_\_\_ Grades attended \_\_\_\_\_

Previous School \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Director's/Principal's Name \_\_\_\_\_ Grades attended \_\_\_\_\_

Previous School \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Director's/Principal's Name \_\_\_\_\_ Grades attended \_\_\_\_\_

Preschool/Kindergarten Students only: Number of days requested \_\_\_\_\_ Preference of Days \_\_\_\_\_

Has the applicant ever been dismissed, suspended, withdrawn, or subject to disciplinary action from any school? \_\_\_\_\_

If so, when? Please provide details: \_\_\_\_\_

\_\_\_\_\_

In order to assess your child's needs we need to know if s/he has ever had: Speech Therapy \_\_\_\_\_ Counseling \_\_\_\_\_  
Special Resource Services for: Reading \_\_\_\_\_ Math \_\_\_\_\_ Other \_\_\_\_\_  
Special Testing for \_\_\_\_\_

**SIBLING(S)**

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN QUESTIONS:**

On a separate sheet of paper, parents please tell us:

1. Why you want to enroll your child in Mount Madonna School?
2. What are your child's particular interests, aptitudes, and areas needing improvement?
3. In what ways would you be interested in participating and sharing your talents/resources to support Mount Madonna School?

*Parents of Applicants entering 1<sup>st</sup> or 2<sup>nd</sup> grade:*

4. What is the title of a favorite book your child can read by him/herself?

**APPLICANT QUESTIONS:**

On a separate sheet of paper, applicants please tell us:

*Applicants entering 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> grade:*

1. What were the last two books you enjoyed reading by yourself?
2. What is your favorite subject to study at your current school and why is it your favorite?
3. What do you like to do when you are not at school?
4. What is something you are proud of about yourself?

*Applicants to Middle/High School:*

1. Please submit: a) the name of the last two books you have read,  
b) a recent, written assignment from your current school.
2. Please write an essay telling us what attracts you to MMS, what your current and future goals are and what things are personally important to you.
3. What do you like to do in your free time?

**ALL APPLICANTS PLEASE ENCLOSE:**

- A small recent photograph of the applicant
- A \$100 non-refundable application fee payable to Mount Madonna School
- Copy of Birth Certificate
- Copy of Immunization Record
- Copies of the most recent Report Card, Evaluation or Developmental Report (required for grades 1-10)
- Copies of Standardized Testing information if available (required for grades 5-10)
- Please check if you would like a Financial Assistance information for the 20\_\_\_\_/20\_\_\_\_ school year.

Mount Madonna School's open admission and financial aid policies do not discriminate on the basis of race, gender, sexual preference, ethnic origin, disability, marital status, religion, creed or similar factors. This policy applies to all areas of student concerns: admissions, athletics, educational policies, financial aid, and other school administered programs.

I hereby authorize Mount Madonna School to contact my child's current and previous schools for information regarding my child. All information received by the Admissions Office will be kept confidential by the Admissions Committee. MMS reserves the right to cancel any offer of admissions and/or contract should information be withheld or misleading.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit your application to the attention of*

*Admissions at Mount Madonna School, 491 Summit Road, Mount Madonna, CA 95076*