



## APPLICATION FOR ADMISSION

### Our Mission

is to provide the highest quality Montessori education within a Christian environment that fosters a love for one another through God. In partnership with families, we equip each child to reach their full personal and academic potential.

Established in 1987  
Ann Arbor, Michigan

# Applicant Information

Applying for school year: \_\_\_\_\_

Last Name First Name Middle Name  Male  Female

Preferred Name Date of Birth (m/d/y) Social Security Number

Address City State Zip

Home Phone Alternate Phone Country of Birth Citizenship

Name of Current School  Parochial  Private  Public  Independent School District in which applicant resides

Head of School/Principal School Phone Number

Previous School Name Dates Attended Reason for leaving

Previous School Name Dates Attended Reason for leaving

Has Applicant applied to Go Like the Wind school before?  Yes  No If yes, when? \_\_\_\_\_

# Parent/Guardian Information

**1**

Last Name First Name  Mr.  Mrs.  Ms.  Dr.

Relationship to Applicant  Father  Mother  Other, please specify: \_\_\_\_\_ Social Security Number

Address  Check here if same address as applicant City State Zip Code

Employer Name Business Phone Email Address

Profession Position College Attended/Degrees

**2**

Last Name First Name  Mr.  Mrs.  Ms.  Dr.

Relationship to Applicant  Father  Mother  Other, please specify: \_\_\_\_\_ Social Security Number

Address  Check here if same address as applicant City State Zip Code

Employer Name Business Phone Email Address

Profession Position College Attended/Degrees

**Applicant lives with:**       Both parents       Mother       Father       Other, specify \_\_\_\_\_

**Check if applicable:**     Parents Married       Father is deceased       Parents Divorced       Father Remarried  
 Student Adopted     Single Parent       Mother is deceased     Parents Separated       Mother Remarried

If Parents are divorced or separated, who has legal custody of the applicant? \_\_\_\_\_

**To whom correspondence should be sent to:**  Both Parents  Mother  Father  Other, specify \_\_\_\_\_

List other children in the family:

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Name	Age	School Attending	Grade
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Name	Age	School Attending	Grade
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Name	Age	School Attending	Grade
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**Health Information**

Are there any serious health concerns or learning disabilities of which we should be aware? If so, Please explain. \_\_\_\_\_

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Does the applicant have any allergies or need special medications? Please explain. \_\_\_\_\_

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Has your child ever experienced any of the following     Serious Illness     Epilepsy     Surgery     Accidents

Hospitalization     Frequent Colds     Asthma     Heart/Respiratory Ailments

If yes, please explain: \_\_\_\_\_

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Does your child take daily naps of one-hour or more?  Yes  No    Is your child Potty-trained?  Yes  No

Does your child have any fears of which we should be aware? \_\_\_\_\_

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Are there any health considerations that would prohibit the applicant from participating fully in school activities including physical education classes or sports activities? Are there any special accommodations required due to physical disabilities?

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Has your child ever been asked to leave a child care institution:  No       Yes. If yes, please explain: \_\_\_\_\_

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Has your child been tested for:     Speech and/or hearing therapy     Psychological/Educational Assessment  
 Neurological evaluations     Visual examinations       Learning difference       Gifted programs

Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Go Like the Wind School, and as authorization for our office to obtain transcripts and recommendations from previous schools. Go Like The Wind School admits children of any race, color, religion, national, or ethnic origin. It does not discriminate on the basis of race, color, religion, national, or ethnic origin in administration of its educational policies, admissions policies, and scholarships.

To register your child, please send us this application, the Application Fee (non-refundable) and the Registration fee. The Registration fee is refunded only if a child does not come off the waiting list or is not accepted by GLTW. Please attach a copy of your child's Birth Certificate.

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

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

**Applicant's Name:** \_\_\_\_\_

**Program Schedule** Please mark the appropriate schedule. See the enclosed fee schedule for rates and times.

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|---|---|---|---|--|
| <b>Infant:</b><br><u>Birth to 18 months</u><br><input type="radio"/> Half Day *<br><input type="radio"/> Extended Day *<br><input type="radio"/> Full Day * | <b>Toddler:</b><br><u>18 to 36 months</u><br><input type="radio"/> Half Day<br><input type="radio"/> Extended Day<br><input type="radio"/> Full Day | <b>Preprimary:</b><br><u>Ages 3 to 6</u><br><input type="radio"/> Half Day<br><input type="radio"/> Extended Day<br><input type="radio"/> Kindergarten/Full Day | <b>Elementary:</b><br><u>1<sup>st</sup> to 6<sup>th</sup> grade</u><br>Fall Grade _____ | <b>Middle School:</b><br><u>7<sup>th</sup> to 9<sup>th</sup> grade</u><br>Fall Grade _____ |
|---|---|---|---|--|

\*Circle the days: M T W Th F – Three day minimum

What are your goals for your child's experience at Go Like the Wind! Montessori School?

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Why did you choose a Montessori education for your child and what do you expect from it?

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What language(s) are spoken in the home? \_\_\_\_\_

Religion \_\_\_\_\_ Church/Place of Worship \_\_\_\_\_

How did you learn about us? Please check all that apply

- Newspaper  AA Observer  Metro Parent  Phone Book  Other Publication \_\_\_\_\_
- Personal Referral  Friend  Neighbor  Co-worker  GLTW Staff Member  Other \_\_\_\_\_
- Internet  Our website  AA Chamber of Commerce  Other \_\_\_\_\_

**(Optional):** This section is for statistical purposes only. Go Like the Wind School seeks students from all backgrounds.

- African American  Caucasian  Middle Eastern  Multiracial \_\_\_\_\_
- Asian American  Latino/Hispanic  Native American  Other \_\_\_\_\_

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## Office

Date Received: \_\_\_\_\_ Application Fee Paid:  Yes  No Registration Fee Paid:  Yes  No  
Deposit Paid:  Yes  No  N/A Potty-Trained policy explained:  Yes  No Nap policy explained:  Yes  No  
Tuition rates/payment plans explained:  Yes  No Tour given:  Yes  No Refund policy explained:  Yes  No

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