

Montessori/ Prep One Admission Application Form



BRAEMAR HOUSE SCHOOL

Student's Name: _____ M__ F__
Last First Middle

Date of Birth (Y/M/D) _____ Name Commonly Used _____

Application for School Year beginning September 20 _____

Program: MONTESSORI (Junior Montessori (JK) - Full Day Program) _____

PREP ONE (SK - Full Day Program): _____

Birth Certificate required - please provide copy with application

Mother's Name _____ Primary
Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Alt Phone _____

Email address: _____

Father's Name _____ Primary Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Alt Phone _____

Email address: _____

Emergency Contact Name _____ Telephone _____

Present School _____ Grade _____

School Address _____ City _____ Postal Code _____

Principal _____ Telephone () _____

I give permission to Braemar House School to obtain information about my child from my child's current/previous school.

Signature of Parent _____ **Date** _____

We were referred to Braemar by the following Braemar family: _____

We learned about Braemar from (circle all that apply):

Social Media Our Kids Website Word-of-Mouth Other: _____

Why did you choose Braemar House School? What are your expectations? _____

Please provide the following:

\$100 Application Fee (bookkeeper@braemarhuschool.ca). For accepted applications, fee will be applied to tuition.

Copies of Report Cards, or Progress Reports and any Educational Assessments or Programs completed.

Please answer all of the following questions regarding your child.

Health Information

OHIP Number _____

Has your child had any health problems or serious accidents? Yes No

If yes, please describe _____

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Does your child have any allergies? Yes No

If yes please describe _____

—

Has your child been tested before or had any special services (like speech, language, physical therapy)?

Yes No

If yes, please describe and identify the agency

Please provide all documentation from that agency with this application.

Social Skills Information

Describe any fears your child has shown (to animals, loud noises, storms etc.)

Describe how your child reacts to stressful situations (ie Cries, withdraws, tantrums)

How often are you able to read to your child Never Weekly Daily

How much television/computer time does your child watch/ participate in per day

Less than 30 minutes Between 30 minutes and 90 minutes Over 90 minutes

Describe your child (strengths, weaknesses, personality traits) _____

All of the above information is up to date and accurate.

Signature

Date