



# KINGSWOOD MONTESSORI ACADEMY

20130 SW 304 Street, Homestead, FL 33030

Tel: 305-248-2308, Fax: 305-248-4484

kingswoodacademy@gmail.com

kingswoodmontessori.com

Please attach a recent photograph of your son or daughter

## APPLICATION FOR ADMISSION

School Year: 20\_\_ – 20\_\_ Grade: \_\_\_\_\_ Student's age in September \_\_\_\_\_

### STUDENT

Full name \_\_\_\_\_

AS IT SHOULD APPEAR ON SCHOOL RECORDS

Male  Female Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_  
MM DD YY

### PARENT/GUARDIAN (check all that apply)

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Parents separated  Parents divorced  Father deceased  Mother deceased

Correspondence should be addressed to:  Mother  Father  Other \_\_\_\_\_

Tuition will be paid by:  Mother  Father  Other \_\_\_\_\_

INCLUDE CONTACT INFO

Mother's full name \_\_\_\_\_ Level of Education \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Father's full name \_\_\_\_\_ Level of Education \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

### OFFICE USE ONLY

DATE RECEIVED	INTERVIEW DATE	OBSERVATION VISIT

Other contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Other contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

How did you learn about Kingswood? \_\_\_\_\_

Name and relationship of relatives who have attended Kingswood \_\_\_\_\_

### SCHOOL HISTORY

Present School \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Enrolled since \_\_\_\_\_ Grades attended \_\_\_\_\_--\_\_\_\_\_ Teacher/advisor \_\_\_\_\_

Previous School(s)	NAME	CITY AND STATE	GRADES ATTENDED	YEARS

Has the student had any form of achievement, intelligence or psychological testing done during the last 3 years?

No  Yes: Name of test \_\_\_\_\_ Administered by \_\_\_\_\_

### HEALTH HISTORY

Describe student's general health \_\_\_\_\_

Any physical handicaps or allergies which would limit participation in the full ranges of school activities?

No  Yes: Describe \_\_\_\_\_

Any serious injury or illness?  No  Yes: Describe \_\_\_\_\_

Under the care of a physician, psychiatrist or psychologist?  No  Yes: Dr. Name \_\_\_\_\_

History of ear infections/surgery?  No  Yes: Describe \_\_\_\_\_

Complications at birth and/or premature delivery?  No  Yes: Describe \_\_\_\_\_

Our primary goal in the admission process is to ensure the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and of the values around which you have built your family.

What is it about Kingswood that appeals to you? Why do you think it would make a good choice for your child?

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What is your child's learning style? For example is he/she a self-motivated and independent learner, or does he/she need close supervision to stay on task and do well academically.

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Academic strengths and weaknesses? \_\_\_\_\_

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How were any difficulties addressed by current school? \_\_\_\_\_

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What responsibilities does your child currently have around your home? \_\_\_\_\_

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How would you describe your child's social adjustment? Does he/she have many friends? Long-standing relationships?

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What sports, clubs or other programs is your child involved in? Please discuss schedules and time obligations.

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How does your child spend his/her spare time? \_\_\_\_\_

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Language(s) spoken by student \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Kingswood uses photographs and/or names of students for advertising purposes, newsletters and yearbooks. Please state specifically any objections you have to the use of your child's photograph/name being used in this manner

Comments

School Newsletters	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____
School Yearbooks	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____
Other school publications	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____
Non school publications	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____
Advertisements	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____

Parent/Guardian signature \_\_\_\_\_

A signed Financial Agreement and a non-refundable registration fee of \$500.00 must accompany the completed application. The application is regarded as a formal request for consideration of the child named in this document as a potential student at Kingswood Academy.

As part of this application you authorize our office to obtain transcripts and recommendations from previous schools.

### AUTHORIZATION FOR RELEASE OF RECORDS

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

On behalf of my child \_\_\_\_\_,

who is currently enrolled at your school, I have applied for admission to Kingswood Academy for the term beginning

Month \_\_\_\_\_ 20\_\_\_\_, I hereby authorize you to release a complete copy of his/her file.

Please include a transcript of his/her academic record, health forms, relevant test scores, teacher's comments, and observations of his/her overall development and progress.

X \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

DATE

Please send records to: Kingswood Academy, 20130 SW 304 Street, Homestead, FL 33030

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