

# Elementary Application Packet 2010-11



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*An educational community inspiring minds, nurturing hearts, celebrating diversity.*

Visit our website at [www.casadimir.org](http://www.casadimir.org)

*Casa di Mir values a diverse community and does not discriminate on the basis of race, color, national or ethnic origin, gender or religious affiliation.*



*Elementary and Preschool*  
**90 E. Latimer Ave. Campbell, CA 95008**  
**Ph: 408-370-3073 Fax: 408-370-3153**

Dear Parents,

We are now accepting applications for the 2010-11 school year for students aged 2.9 years through 6<sup>th</sup> grade. Families are encouraged to visit the school prior to submitting an application. School tours are by appointment only and may be scheduled through the school office. In order to apply for the 2010-11 school year, the following items must be received in the school office no later than February 19:

- \_\_\_ Student Application Form
- \_\_\_ Parent Questionnaire
- \_\_\_ Teacher Evaluation
- \_\_\_ Parent Participation Requirement Acknowledgement
- \_\_\_ \$100 Non-Refundable Application Fee

It is your responsibility to follow up with your child's current teacher to ensure that the evaluation form is sent by the deadline. The evaluation may be mailed or faxed to our office. Evaluation forms for Primary applicants are not required if your child has not previously attended preschool.

All applicants are required to attend the assessment day scheduled for **Friday, March 5**. There is no formal testing procedure. Children will be observed while participating in group activities and may be asked to complete specific, age appropriate tasks by the classroom teachers in order to assess their skills and readiness for entry into the program. Preschool age children must be fully toilet trained before they may begin school. Applicants will receive a reminder notice prior to the assessment date.

Families will be notified of admissions decisions by **March 18<sup>th</sup>**. Upon acceptance to Casa di Mir, initial fees will be due within one week and are non-refundable. Wait lists are created only after all available openings have been filled, but do not carry over from year to year. A new application must be submitted each school year.

Our Open House is scheduled for **Sunday, January 31, 2009 from 2 to 4 pm**. The Open House is open to all family members. Please RSVP to the school office if you plan to attend.

If you have questions regarding Casa di Mir or the admissions process, please feel free to contact one me at the number listed above. We appreciate your interest in Montessori education.

Sincerely,

Tara Padget  
Admissions Director

**APPLICATION FOR ADMISSION 2010-11**  
**Casa di Mir Montessori School**

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Please check one:

- |   |   |
|---|---|
| <input type="checkbox"/> Primary Part Day (8:30 - 1:00)   | <input type="checkbox"/> Lower Elementary (ages 6 - 9)  |
| <input type="checkbox"/> Primary School Day (8:30 - 3:00) | <input type="checkbox"/> Upper Elementary (ages 9 - 12) |
| <input type="checkbox"/> Primary Full Day (8:30 - 5:00)   |   |

Child's Full Name \_\_\_\_\_

Boy  Girl Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Student lives with  Both Parents  Other/Specify: \_\_\_\_\_

Parent \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, Zip \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

I give my permission for the information listed above to be published in the Family Directory if my child is enrolled.

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Siblings, names and ages \_\_\_\_\_

Applicant's Current School \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a recent photograph of your child. The photograph is requested, not required.

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*For Office Use Only:*

Date Rec'd \_\_\_\_\_ Action Taken \_\_\_\_\_ Date \_\_\_\_\_ Notes \_\_\_\_\_

**PARENT QUESTIONNAIRE 2010-11**  
**Casa di Mir Montessori School**

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Please answer the following questions as thoroughly as possible. Please use a separate sheet of paper if more space is needed.

1. How did you learn about Casa di Mir? If applicable, please list the name of the family who referred you.
  
2. Why do you want your child to attend Casa di Mir?
  
3. What does Montessori education mean to you?
  
4. What are your educational goals for your child?
  
5. Do you intend to keep your child at Casa di Mir through 6<sup>th</sup> grade? If not, through which grade level?
  
6. For Elementary applicants: What are your child's strengths in school? What are his/her challenges?
  
7. Where is your child currently enrolled, and why are you changing schools?
  
8. Has your child undergone testing or received services for any special needs or conditions? ( i.e., speech and language, occupational therapy, psychiatric counseling, learning disabilities, etc.) No Yes If yes, please explain:
  
9. What are your child's interests and activities outside of school?
  
10. What language is spoken at home? \_\_\_\_\_ Other language(s) spoken: \_\_\_\_\_
  
11. What skills and talents would you be willing to share with the school? In which ways would you be willing and able to participate? (i.e., classroom support, fundraising, maintenance, grant writing, field trip driver, etc.)

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**\*FOR PRIMARY CLASS APPLICANTS ONLY:**

1. Were gestation and birth normal?  Yes  No If no, please explain:
  
2. Please indicate the approximate age at which your child achieved the following developmental milestones:  
Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_
  
3. Has your child attended preschool or daycare before? How do you think your child will adapt to entering a new school? Does your child experience separation anxiety?

**\*FOR MID-YEAR TRANSFER APPLICANTS:** On another sheet, please indicate the reasons you wish to move your child from his/her current school and what you hope our program can offer.

**\*FOR ALL APPLICANTS:** Use the space below, or the reverse side, if there is additional information you wish to share about your child/family.

# **PARTICIPATION REQUIREMENT ACKNOWLEDGEMENT**

## **Casa di Mir Montessori School**

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### **Parent Participation Requirement**

Casa di Mir requires a minimum of 40 service hours per school year. Parent participation enhances our program and contributes immeasurably to the success of our students. Upon acceptance to Casa di Mir, each family is required to sign a Parent Participation Contract. Highlights of the contract are listed below. Please review them and sign at the bottom of this form to acknowledge that you have been informed of this requirement.

### **Participation Hours**

**Participation Hours:** A minimum of 40 hours per family is required. A fee of \$400 is charged as a deposit toward the 40 hours requirement. Parents may choose from a variety of opportunities both in the classroom and out. A list of participation opportunities is provided to families upon enrollment.

**School Clean-up Days:** Participation is required at one clean-up day per school year. We typically schedule one clean up day just prior to the beginning of the school year, one in January just prior to the Open House, and one in June just before the end of the school year. Hours worked at clean-up days are counted toward total participation hours.

**Timecards:** Parents are required to complete a participation timecard provided by the school. Time cards are collected at the end of each school year. A credit of \$10 for each participation hour worked, up to a maximum of 40 hours, will be refunded when the family leaves the school. Deposits for re-enrolling families are rolled over from year to year.

### **General Participation**

In order to ensure a smooth-running community and to stay abreast of activities, we also require that parents:

- Read the Parent-Student Handbook.
- Attend the New Parent Orientation.
- Read all communications sent home via email and Friday Folder.
- Attend Back to School Nights and other parent meetings
- Follow traffic and parking policies as dictated by the city's conditional use permit for this building.

**I have read the above information and understand that upon acceptance to Casa di Mir Montessori School I will be required to sign a Parent Participation Contract.**

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Parent Signature

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Date

**PARENT AUTHORIZATION FOR RELEASE OF INFORMATION**

**To the Applicant:** Please sign this form and give it to your child's present teacher, principal or counselor.

I, the undersigned, hereby consent to the release of the information about my child as requested below. I understand that this evaluation will be mailed directly to Casa di Mir and will remain confidential. I also give my permission for any representative of Casa di Mir Montessori School to speak with any faculty or staff member of the school listed below.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Current Grade Level** \_\_\_\_\_

**Name of School** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**REQUEST FOR INFORMATION FROM CURRENT TEACHER**

**To the School:** The student named above is an applicant for admission to Casa di Mir. We are requesting a personal and academic evaluation of the student. This information is of primary importance in evaluating the student for admission and will remain confidential. Please have the current teacher complete this form and return it no later than Feb. 20, 2009 to the address or fax number listed above.

**To the Teacher:** We appreciate your candid assessment. This evaluation will remain confidential.

Please use an "X" to indicate where this student falls on the scales below. For example, for a child of average height:

Short.....X.....Tall

**A. ACADEMIC/INTELLECTUAL**

Self-initiator	.....	Needs adult direction
Works independently	.....	Needs constant supervision
Learns for self	.....	Learns for outside approval
Sequential approach	.....	Random approach
Concrete thinker	.....	Abstract thinker
Functions in unstructured class	.....	Needs structure
Focuses well	.....	Short attention span

**B. SOCIAL/BEHAVIOR**

Leader	.....	Follower
Makes friends easily	.....	Difficulty with peers
Works best alone	.....	Works best in groups
Adult oriented	.....	Peer oriented
Reflective	.....	Impulsive
Strong willed	.....	Compliant
Follows directions	.....	Unable to follow directions

1. Please give a general idea of academic skills, name of reading or math programs used, and approximate level of completion.

- Reading
  
  
  
  
  
  
  
  
  
  
- Writing
  
  
  
  
  
  
  
  
  
  
- Math

2. Describe the student's strengths and weaknesses.

Strengths:

Weaknesses:

3. Please state any difficulties (e.g. short attention span, easily frustrated).

4. Does this student demonstrate an ability to concentrate independently on projects? Is he/she self-motivated? Explain.

5. Has this child been assessed for learning disabilities, ADHD, speech/language, etc.?

YES  *Type of Assessment:* \_\_\_\_\_ NO

6. Are there concerns that this child should be considered for such assessment? If so, explain.

7. Please give date and results of any special testing or standardized test.

Date \_\_\_\_\_ Results \_\_\_\_\_

8. What special instruction or support does this student receive? (e.g. gifted, learning disabilities, emotional problems)

9. Please comment on this child's attitude and adjustment to school, relationship with peers and cooperation with adults.

10. How would you rate this student's ability with the English language? (vocabulary, articulation, etc.)

11. Is English the primary language spoken at home? YES  NO

12. Do you feel there is good teamwork between Home & School? YES  NO

13. (*Optional*) On another sheet, please offer any additional information which you feel might help us assess this student.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_