



HOW TO APPLY TO CASA DI MIR MONTESSORI SCHOOL – 2020/21

ABOUT APPLYING FOR PRIMARY

We are pleased that you have chosen to apply to Casa di Mir Montessori School. The Admissions Committee evaluates children based on the application, current teacher evaluations, and observations during the child's visit.

Casa di Mir values a diverse community and does not discriminate on the basis of race, color, national or ethnic origin, sex or religious affiliation. Casa di Mir reserves the right to select students based on educational compatibility with the Montessori program. Our goal in admissions is to find a good match between child, family, and school. Casa di Mir welcomes applications from all families.

All applicants must be 2 years and 9 months, fully toilet trained, and developmentally ready by the first day of attendance to the program.

DEADLINE

For priority consideration, please submit all application materials by February 7, 2020.

IMPORTANT DATES

Open House

Sunday, January 26th from 2:00 – 4:00pm

Prospective Student Activity Day

Friday, February 28th

(Completed application packet required)

Late applicants will be scheduled individually if space is available.

CONTACT INFORMATION

Please call our Director of Admissions at 408-370-3073 or admissions@casadimir.org.

APPLICATION CHECKLIST

- VISIT THE SCHOOL
Individual tours are available Monday to Friday by appointment only. Please call our Director of Admissions to schedule a tour.
- ATTEND OUR OPEN HOUSE
The Open House is the best opportunity to meet faculty and our Board of Directors, tour the campus, and receive details on the admissions process and financial aid.
- SUBMIT A COMPLETED APPLICATION PACKET
Applications (including the non-refundable, \$100 application fee) received by Feb. 7, 2020 will be given priority consideration. All forms are available from the school office or online at www.casadimir.org.
- SUBMIT A COMPLETED TEACHER EVALUATION FORM
Please have your child's current teacher complete and return the Teacher Evaluation Form directly to Casa di Mir. All forms must be received before your child will be scheduled for a visit.
- APPLICANTS ATTEND AN ACTIVITY OR VISIT DAY
All visits are scheduled through the Admissions Office.
- FINANCIAL AID
If you are interested in financial aid, please request a packet from the Director of Finance.



APPLICATION FOR PRIMARY ADMISSION 2020-2021

Please check one:

- Primary M-F (8:30 - 1:00)
- Primary M-F (8:30 - 3:00)
- Primary M-F (8:30 - 5:00)
- Primary TWTh (8:30 - 1:00)
- Primary TWTh (8:30 - 3:00)
- Primary TWTh (8:30 - 5:00)

Child's Full Name _____

Boy Girl Date of Birth _____ Pre-K Kindergarten

Address _____
Street City Zip

Child lives with Both Parents Other/Specify: _____

First Parent _____ Second Parent _____

Address _____ Address _____

City, Zip _____ City, Zip _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Child's Current School _____ Present Grade _____

Address _____ Phone _____

Previous Schools Attended: _____

Siblings, names and ages _____

I (we) affirm that the information provided in this application is true and correct to the best of my (our) knowledge.

Signature _____ Date _____

Signature _____ Date _____



Casa di Mir MONTESSORI SCHOOL

PRIMARY PARENT QUESTIONNAIRE 2020-21

Please answer the following questions as thoroughly as possible. 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.

- Current school / teacher
- Word of mouth
- Internet
- Friend (name) _____
- Other sources (name) _____
- Publication (name) _____

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 8th grade? If not, through which grade level?

6. If your child currently enrolled in school, why are you changing schools?

7. What are your child's interests and activities outside of school?

8. What language is spoken at home? _____ Other language(s) spoken: _____

9. Do you have any concerns about your child's language development? Yes No If yes, please explain:

10. Were gestation and birth normal? Yes No If no, please explain:

11. Please indicate the approximate age at which your child achieved the following developmental milestones:

Crawling: _____ Walking: _____ Talking: _____ Toilet Training: _____

12. Plan to nap during the school year No napping required during the school year

13. Do you have any concerns about developmental readiness?

14. How do you think your child will adapt to entering a new school? Does your child experience separation anxiety?

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



PARTICIPATION REQUIREMENT ACKNOWLEDGEMENT

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. Parents may choose from a variety of opportunities both in the classroom and out. A list of participation opportunities is provided to families at the beginning of the school year.

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 track the volunteer hours work. A form for recording participation hours is available in the office. A record of the participation hours must be turned into the office no later than June 1.

General Participation

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

- Read and adhere to the policies in the Parent-Student Handbook.
- Attend the New Parent Orientation.
- Read all weekly communications sent home via email and Friday Folder.
- Attend Back to School Nights and other parent meetings.

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.

Parent Signature

Date

Parent Signature

Date

BOTH PARENT SIGNATURES REQUIRED

TEACHER EVALUATION FOR PRIMARY APPLICANT 2020/21

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 submitted 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 _____

Child'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 child. This information is of primary importance in evaluating the child for admission and will remain confidential. Please have the current teacher complete this form and **return it via MAIL (see above), EMAIL (admissions@casadimir.org) OR FAX (408-370-3153) no later than Feb. 7, 2020.**

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
Functions independently	.....	Needs structure
Able to sustain focus	.....	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/Observant	.....	Impulsive
Strong willed	.....	Compliant
Follows directions	.....	Unable to follow directions

1. Level of Readiness Skills:

- Pre-academic (numbers, letters, etc.):

- Attention Span:

- Perceptual skills (matching, recognition, etc):

2. **Level of Language Functioning:**

- Ability to understand directions:

- Ability to express his/her needs:

- Ability to communicate effectively with others:

3. **Level of Motor Skills:**

- Gross Motor Skills:

- Fine Motor Skills (including eye-hand coordination):

4. **Level of Self-Help Skills:**

- Dressing:

- Toileting:

- Feeding:

- General ability to take care of self:

5. Does this child demonstrate an ability to concentrate independently on tasks? Is he/she self-motivated? Explain.

6. Has this child been assessed for learning disabilities, ADHD, speech/language, or any other special needs?
YES NO

7. Are there concerns that this child should be considered for such assessment? YES NO

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

Date _____ Results _____

9. What special instruction or support does this child receive? (e.g. gifted, learning disabilities, social or emotional challenges)

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

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

12. Do you feel there is good teamwork between home and school? YES NO

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

If you have additional information that you feel would be better conveyed by a telephone conversation, please check here. Thank you. Best hours to reach me are _____.

Print Name _____

Email _____

Title _____

Telephone _____

Signature _____