



## 2010 – 2011 APPLICATION FOR ADMISSION

PHOTO

*For School use only:*

Application received on: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

Section: 01 02 03

### CHILD INFORMATION

Child's First Name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of Birth/Country: \_\_\_\_\_  Male  Female

Child is potty trained  Child is not potty trained  Child is being potty trained

Allergies: \_\_\_\_\_

### FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Children in the Family:

Name: \_\_\_\_\_ Age : \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Parents:  Married  Separated  Divorced  Other \_\_\_\_\_

## LINGUISTIC INFORMATION

Native tongue of the mother: \_\_\_\_\_ Native tongue of the father: \_\_\_\_\_

Language spoken to the child by the mother: \_\_\_\_\_ by the father: \_\_\_\_\_

by a third person in the household (nanny, au pair, grandmother, etc.): \_\_\_\_\_

Language(s) spoken by the child: \_\_\_\_\_

Is French spoken by one or both parents and at what level of fluency? \_\_\_\_\_

## GENERAL INFORMATION

How did you hear about our school? \_\_\_\_\_

Why are you interested in our program? *(attach a sheet if you need more space)* \_\_\_\_\_

Have you attended one of our open houses?     yes     no    if yes, when?: \_\_\_\_\_

Have you previously applied for admission of this student at FMS?     yes     no    If yes, when?: \_\_\_\_\_

Has applicant ever used the services of a social worker, professional counselor, psychologist or psychiatrist?     yes     no

Does your child have any special health needs that may limit participation in all school activities and particularly physical education?     yes     no. If yes, please explain: \_\_\_\_\_

## SCHOOL INFORMATION

Current School: \_\_\_\_\_

Program attended (# days/week, # hours/day): \_\_\_\_\_

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

School(s) scheduled for Kindergarten or 1<sup>st</sup> grade \_\_\_\_\_

What are your child's interests outside of school? \_\_\_\_\_

PROGRAM (please check up to 2 choices)

- |                                      |                                       |  |                                    |   |
|--------------------------------------|---------------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> 5 days/week | <input type="checkbox"/> 9 am to 3 pm | <input type="checkbox"/> 9 am to 5:30 pm | <input type="checkbox"/> hot lunch | <input type="checkbox"/> before care (8 am) |
| <input type="checkbox"/> 3 days/week | <input type="checkbox"/> 9 am to 3 pm | <input type="checkbox"/> 9 am to 5:30 pm | <input type="checkbox"/> hot lunch | <input type="checkbox"/> before care (8 am) |
| <input type="checkbox"/> 2 days/week | <input type="checkbox"/> 9 am to 3 pm | <input type="checkbox"/> 9 am to 5:30 pm | <input type="checkbox"/> hot lunch | <input type="checkbox"/> before care (8 am) |

***I hereby apply for admission to FMS for my child for the school year beginning August 2010 and ending June 2011. I/we certify that the information on this application is correct and complete. I agree to pay a non refundable application fee of \$ 60.00 upon submitting this application.***

***Parent/guardian Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Parent/guardian Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_