Email the application to Peggy Pacot
ppacot@frenchmaternalschool.com.
Merci!

2027 - 2028 APPLICATION FOR ADMISSION

PHOTO

Please attach a photo of your child to your email

For School use only:
Application received on: _____
Date of Admission: _____
Age at Admission: _____
Age group: 2s 3s 4s 5s

CHILD INFORMATION

Child's Full Name: _____

Date of birth (month first) : _____ _____ Place of Birth /Country :_____ ☐ Male ☐ Female

Age of child on 9/1/2027 : _____ years and _____ months.

Allergies /Medical Condition(s) : _____

PARENTS INFORMATION

◯ Married ◯ Separated ◯ Divorced ◯ Other

Parent/Guardian 1's name:	Parent/Guardian 2's name:
Email you would like FMS to use for all communication:	Email you would like FMS to use for all communication:
Address:	Address:
Home phone:	Home phone:
Cell phone: Cell phone Carrier (for our App):	Cell phone: Cell phone Carrier (for our App):
Work phone:	Work phone:

Occupation:	Occupation:
Title:	Title:
Employer:	Employer:
Employer's address:	Employer's address:

INTERNATIONAL AND OUT-OF-TOWN APPLICANTS If you currently live abroad or are relocating in the DC area, please write the date you will be moving to Washington (if uncertain, please write the approximate date) and the reason (job, family, etc.). Please also write any other information relevant to your child's application (temporary childcare arrangement, housing situation, etc.).

_____

_____

_____

_____

FAMILY INFORMATION If there are other children in your family, please list:

Name, Age and School:

Sibling #1:_____

Sibling #2: _____

LINGUISTIC INFORMATION

Native tongue of parent/guardian 1: _____ Native tongue of parent/guardian 2: _____

Language(s) spoken by parent 1: _____ by parent 2: _____

Language(s) spoken by parent 1 to the child: _____by parent 2: _____

Language(s) spoken by a third person in the household (nanny, au pair, grandmother, etc.) to the child: _____

Language(s) spoken by the child by level of fluency: _____

GENERAL INFORMATION

How did you hear about our school?

- ☐ Online Search
- ☐ Referral from current FMS family. Name of family: _____
- ☐ Other: _____

Why are you interested in our program?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Have you attended one of our open houses? ☐ yes ☐ no If yes, when?:

Have you previously applied for admission for this student at FMS? ☐ yes ☐ no If yes, when?

Has applicant attended our summer school? ☐ yes ☐ no What year?

Has applicant ever used the services of a social worker, professional counselor, psychologist, psychiatrist or therapist?

☐ yes ☐ no. If yes, please explain:

_____

_____

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 (you can use a separate sheet of paper):

_____

SCHOOL/CHILDCARE INFORMATION

>If your child <u>currently enrolled</u> in a school or daycare facility, please complete:

Facility's name: _____

Facility's City and State: _____

Dates of enrollment: from _____ to _____

Days attended per week: _____Hours per day: _____

>If your child <u>is not enrolled</u> in a school or day care, who takes care of him/her? _____

PLANNING AHEAD

School(s) scheduled for Kindergarten or 1st grade_____

PLEASE SELECT:

FOR WHICH FMS GRADE WOULD YOU LIKE TO APPLY?

- ☐ TOUTE PETITE SECTION/NURSERY PROGRAM (TPS – 2s)
- ☐ PETITE SECTION/PRESCHOOL (PS – 3s)
- ☐ MOYENNE SECTION/PRESCHOOL (MS – 4s)
- ☐ GRANDE SECTION/KINDERGARTEN PROGRAM (GS – 5s)

All programs are 5 days per week.

AFTERCARE OPTION **- Not covered by annual tuition. Additional charges apply**

- ☐ AFTERCARE (3PM-5PM) 5 DAYS PER WEEK
- ☐ AFTERCARE (3PM-5PM) 4 DAYS PER WEEK
- ☐ AFTERCARE (3PM- 5PM) 3 DAYS PER WEEK
- ☐ AFTERCARE (3PM-5PM) 2 DAYS PER WEEK
- ☐ AFTERCARE (3PM-5PM) 1 DAY PER WEEK

PARENT DIRECTORY

Do you wish your information (name and email) to be published in the 2027-2028 School's Directory? The Directory is distributed to all FMS families in order to facilitate communication among them (ex: birthdays, play dates, carpooling) . Our Parents Association will also use your emails to send you news and events.

☐ YES, please list names and emails. ☐ NO, please do not list our family in the Directory.

I hereby apply for admission to FMS for my child for the school year beginning September 2027 I/we certify that the information on this application is correct and complete. I agree to pay a non refundable application fee of $100 upon submitting this application.

credit card number: ***expiration date:*** ***CVV:*** ***Postal Code:***

Parent 1 Signature _____ ***DATE***_____

Parent 2 Signature _____ ***DATE***_____

Email your application + a recent photo of your child to the Director ppacot@frenchmaternalschool.com no later than February 1, 2027 for full consideration. For ealy admission, please submit by January 15, 2026.

Thanks for applying to FMS!