



MONTESSORI SCHOOLS

DEVELOPING THE FOUNDATION FOR A LIFETIME OF SCHOOL SUCCESS!

Dear Elementary Parents,

A child's first steps are an unforgettable milestone for all parents. Moving from crawling to walking and eventually running is a time of dramatic growth and emerging self-reliance and independence. As our children move into Elementary ages their realities become more complex than just the simple physical. Intellectual, academic, social, and psychological growth makes up the complex foundation of their future success.

At Apple Montessori Elementary School we are very proud of our 42 year allegiance to excellence in education and we commend you for pursuing that continued excellence for your child! Together as Educators and Parents we will continue to strengthen autonomy and self-resilience as we impart the skills needed for overall academic and social success. Our commitment to your child and our ability to provide an exceptional education in a safe, nurturing environment is stronger than ever!

Apple's approach to learning offers each student a well-rounded, rich curriculum that combines Montessori with the best modern learning materials, games and programs. With an emphasis on strong basic skills and comprehensive programs in Music, Art, Foreign Language, Technology, Athletics, and Character Development we instill in our students a desire to learn as independent thinkers and productive citizens. Lessons are presented in small groups using "best practice" strategies such as brain based learning techniques. Curriculum is created through spiraling and scaffolding where information, skills and material bridges old concepts to new, and deepens understanding more and more each year.

Our writing program is integrated through the entire curriculum. Expository writing, short answers, and essay writing are all taught through this curriculum. The Creative Writing program is based on Writers Workshop with a Montessori influence. While our Junior Great Books program focuses on critical and analytical writing skills essential in a 21st century education and work force. Literature Circles are an essential part of this curriculum as well. The interactive reading circle empowers children to take hands on role in their reading. Children learn group dynamic skills as well as take part in presentations, group discussions and self/group evaluations. The love of reading demonstrated by our students is truly infectious and something we are very proud of!

An ongoing mission at Apple Montessori is to educate the whole child which is not only through academics. We seek to instill in our students respect and compassion for others through example and action. We use the 6 Pillars Character Education program along with Maria Montessori's Peace Education to further our students' understanding of conflict resolution, peer mediation and group dynamics. We take great pride in the growing evidence of character and generosity within our school community!

As a parent of an Apple Montessori student, we respect your commitment to the schools and look forward to maintaining our highest educational visions for the future and for your child. Thank you for this opportunity and privilege as we lay the foundation for a lifetime of school success!

Sincerely yours,

Apple Montessori Schools

Dear Parents,

For your convenience, please use this as a tool during your completion of the school application and all the paperwork attached. As you complete each form, please use each check off box to make sure you have signed and completed all the forms before returning them to the Office of Student Affairs. All applications must be completed and returned to us along with the deposit by **March 1, 2014**. Enrollment will not be completed until all forms are received.

- ☐ Completed Application (front and back) initialed and signed by both parents/guardians
Please check off on the front of the application if your child is a New Student or a Returning Student
- ☐ AMS Tuition Policy Agreement-initialed and signed by both parents/guardians
- ☐ Photo/Transportation/Solicitation Form-signed by both parents/guardians
- ☐ Daycare Registration Form-signed by parent/guardians
- ☐ Please send (2) separate checks made payable to "Apple Montessori School". One check should include registration fee, book fee, technology fee and field trip fees.
The second check should be for one month's tuition which will be applied to June 2015 and one month's daycare fees for Unlimited, AM or PM daycare(if applicable) which will be applied to June 2015. *The registration fee will be waived with early enrollment as long as the envelope containing the completed application and deposit are postmarked before 2/15/14.* Please include your child's first and last name and the school location in the memo section of the check. All fees are Non-refundable.

Please check off the payment option of your choice:

- | | | |
|--|---|---|
| <u>Option #1</u> | <u>Option #2</u> | <u>Option #3</u> |
| <input type="checkbox"/> Full Year Payment by 8/1/14 (2% tuition discount) | <input type="checkbox"/> 3 payment schedule | <input type="checkbox"/> 9 payment schedule |

*The remainder of the tuition payments for the school year will be paid through Tuition Express. Your account or credit card will be charged automatically to suit your payment option.

*Please return one of the following to enroll in Tuition Express for the school year 2014-2015:

- ☐ WJR-CCA Credit Card Payment Authorization (2.0% transaction fee)
- ☐ WJR-BAA Bank Debit Authorization- (no fee)

Upon receipt of the form, the Office of Student Affairs will enroll you in Tuition Express and you will be emailed your Tuition Express account so that you can sign in and register to obtain receipts and account information.

Students entering first grade please give the following to your child's teacher:

- | | |
|---|--|
| <input type="checkbox"/> Teacher Recommendation | <input type="checkbox"/> Third Letter of Recommendation (Optional) |
| <input type="checkbox"/> Director/Building Administrator Recommendation | <input type="checkbox"/> Sample of your child's hand writing and/or creative writing |

*Your application will not be processed unless it is returned with all of the above. All documents must be signed and initialed in the proper areas by both parents/guardians. Any form missing a parent/guardians signature or initial will be returned to you and delay the enrollment process.

Please use the remittance envelope provided and mail all paperwork along with deposit to:
Apple Montessori School, 170 Kinnelon Road-Suite 24, Kinnelon, NJ, 07405
(Attn: Wayne)

If you have any questions, please contact the Office of Student Affairs below:
25nevinsrd@applemontessorischools.com



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Apple Montessori School Application

<input type="checkbox"/>	New Student
<input type="checkbox"/>	Returning Student

I, _____, make application for the enrollment of
_____ as a student in the Junior Class at the Apple Montessori
School for the academic term beginning September 2014 and ending June 2015.

Child's Name _____ Date of Birth _____

Gender _____ Home phone # _____

Street Address _____

City _____ State _____ Zip Code _____

Please indicate which name is required for flex spending _____

Father/Legal Guardian _____

E-mail (Print Clearly) _____

Employer _____ Occupation _____

Work Address _____

Work phone # _____ Cell phone # _____

Mother/Guardian _____

E-mail (Print Clearly) _____

Employer _____ Occupation _____

Work Address _____

Work phone # _____ Cell phone # _____

Sibling (s) Name _____ Age _____

Name _____ Age _____

Previous School (Location): _____

Previous Teacher: _____

Why do you wish your child to attend Junior Class at the Apple Montessori School?

Parent/Legal Guardian/s Initials _____

Student Last Name: _____ First Name: _____

Please mark which classroom you are enrolling your child in:

Junior Class: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

I will be using the following daycare:

☐ AM Daycare (7 – 8:30 am)
OR

☐ PM Daycare (3:30 – 6:30 pm)

☐ Unlimited Daycare

When unable to reach a parent in case of emergency, I authorize the school to contact and/or release my child to the following individuals:

Name _____ Phone # _____ Relation _____
Name _____ Phone # _____ Relation _____

I give my consent for the school to contact my child's doctor for any required information:

Pediatrician's Name _____ Phone # _____
Dentist Name _____ Phone # _____

The school believes that a positive and constructive working relationship between the School and the student's parents or guardian is essential to the fulfillment of the School's mission. Thus, the School reserves the right to cancel this agreement or to not offer reenrollment if the School reasonably concludes that the actions of a parent or guardian make such a relationship impossible or seriously interfere with the School's accomplishment of its educational purposes. The decision of the School in this regard shall be final.

____ Parent/Guardians Initial's

As legal guardian, I hereby recognize that the Apple Montessori School is not responsible for injuries sustained while participating in school activities, therefore, forever release Apple Montessori Schools, its agents, servants and/or employees from any and all injuries and/or damages, including medical expenses suffered and/or incurred by my child while enrolled in the Apple Montessori Schools.

By signing below, I hereby agree that the School may take action that it considers prudent to protect the safety of my child and the other children visiting the premises. I further agree to indemnify, defend and hold the School (its owners, officers, directors, agents, employees, successors and its assigns) and AMS harmless from and against all actions, claims or liability (including attorney's fees and costs) directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing this Agreement or other information provided to the School. This waiver of liability is signed voluntarily as to its contents and intent. By signing below, I agree that, to my knowledge, all of the above stated information is accurate.

Yes, we have received, read and understand the AMS parent handbook and agree to abide by the school's policies as so described.

☐ **No, I am not interested in the AMS "Buddy Program". This program enables a new, incoming family to be paired with our older families. Our older families help with any questions that a new family may have.**

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

*****FOR OFFICE USE ONLY*****

Check # _____ Amount \$ _____ Reg. fee \$ _____ Technology fee \$ _____ Jr. Class book fee \$ _____

AM DC \$ _____ PM DC \$ _____ Unlimited DC \$ _____ June deposit \$ _____ Siblings _____ Tuition Policy _____

Teacher _____



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Elementary Enrollment and Tuition Policy Agreement

STUDENT

LAST NAME: _____

FIRST NAME: _____

1. Elementary enrollment requires an annual registration fee, a technology fee, book fee, field trip fee and a deposit payment. The deposit payment due is in the amount one tenth of your annual tuition for each student. These fees and the deposit payment are due with your application.
2. All fees listed in paragraph 1, as well as the deposit payment listed in paragraph 1, are **non-refundable**.
3. **The Junior Class Program at Apple Montessori School requires a commitment for the academic school year from September to June and a commitment to pay tuition for the entire school year. There are 3 payment options available to choose from. Once enrolled there are NO REFUNDS or prorates for any fees or tuition including field trips.**
4. We are now processing tuition and fees with mandatory automated payment processing. All families are required to enroll with Tuition Express which is part of our software management system. Enrollment information is included with this packet and includes your enrollment for either a credit card or bank account.
5. Payments processed thru Tuition Express will incur a \$35 fee for any bank payments returned unprocessed or credit cards that are declined. You will be notified via email and will have 24 hours to submit a replacement method of payment. Otherwise, if the account is not funded or paid by the 5th, it will incur the late fee (as mentioned in item 6).
6. A \$50.00 late fee is assessed if payment is not received by the 1st of each month or if a payment discrepancy is not resolved by the 5th of the month.
7. Tuition Express accepts Visa, MasterCard, American Express and Discover cards. A 2.0% (two percent) convenience fee will be added to the amount being charged. ACH from bank or savings account (no fee).
8. Your child may have the opportunity to participate in special programs or field trips. A field trip fee has now been added to enrollment to ensure participation. Additional forms including permission slips may be required by the school location prior to the commencement of the trip. This fee does not include the 6th Grade graduation trip.
9. Monthly tuition statements will be emailed to parents based on the email addresses provided on the application. Please be sure to provide an accurate and legible email address for both parents. You have 30 days from the account statement date to submit a written dispute to the Office of Student Affairs (Indicate School Location), Apple Montessori Schools, 170 Kinnelon Road, Suite 24, Kinnelon, NJ 07405. After 30 days from the date of a tuition payment statement, you will have waived any right to dispute that such tuition payment is due as shown on statement.
10. Tuition is not subject to proration for any reason and this includes but is not limited to illness, holidays, emergency snow closings or leaving the country for an extended period of time during the school year, family emergencies, or state and federal mandated state of emergencies.
11. The deposit payment will be applied to your child's tuition payment due on June 1.
12. Should you need to withdraw your child from enrollment in Apple Montessori Schools for any reason, you must provide Apple Montessori School written notice of your intention to withdraw your child. You are still financially responsible for the balance of the school year.
13. The written notice must be sent to the school location your child attends as well as a copy to: Attention: Tuition Director, Apple Montessori Schools, 170 Kinnelon Road, Suite 24, Kinnelon, NJ 07405. The written notice must include your reason for removing your child and must specify the last day of school your child is attending.
14. If any tuition payment due is not paid within 30 days of the due date, Apple Montessori Schools will have the right to remove your child from enrollment; however, upon payment, enrollment may, in the sole discretion of Apple Montessori Schools, be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees and costs associated with the collection of the account.
15. Apple Montessori Schools reserves the right for disenrollment of any child without prior notice if, in the sole opinion of Apple Montessori School, it is in the best interest of the child or Apple Montessori School.

Parent/Guardian Initial's: _____

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Daycare Policies:

2014-2015AMSTUITIONPOLICY

AM Daycare (7:00am-8:30am) with a monthly charge of \$50 in addition to your monthly tuition.

OR

PM Daycare (3:30pm-6:30pm) with a monthly charge of \$140 in addition to your monthly tuition.

Unlimited Daycare: If your child will stay for daycare on a regular basis there will be a daycare fee of \$ 190.00 in addition to your monthly tuition, per child, for unlimited use of daycare services. There is no roll over for this service.

There will be a 10% discount given for the 2nd child.

Aftercare ends at 6:30pm. A fee will be charged for any child not picked up before the school's regular closing time. This charge shall be \$12 per every 15 minutes. You will need to pay it in cash immediately to the daycare assistant upon picking up your child.

Please direct all billing inquiries or questions concerning Apple Montessori School's tuition policies to the Tuition Department.

Email: 25nevinsrd@applemontessorischools.com
Mail: Apple Montessori Schools
Attn: Wayne Nevins,
170 Kinnelon Road, Suite 24
Kinnelon, NJ 07405

All persons financially responsible for the student named below must sign this agreement and return with the completed Tuition Express Payment Method to the Office of Student Affairs. This contract is binding upon those who sign below. Parents and/or guardians of the student named below shall be jointly and individually liable under this contract.

We also understand and agree that the school will not release our child's transcript or other records to any person, organization or school (including any other school at which our child may be enrolled at any time) whom we might request until all accounts to the Apple Montessori School are current and paid in full.

We certify that we have read, understand and accept all of the terms and conditions described in the "Tuition Policy Agreement."

Father/Legal Guardian Signature _____ Date _____

Mother/Legal Guardian Signature _____ Date _____

Child's Name _____ Child's Teacher _____



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PHOTO RELEASE (Parent Initials) _____

Yes, I (we) hereby grant permission to Apple Montessori Schools to use my child's photograph, video in official school printed publications, e-mails, podcasts, website or advertisements without further consideration, and I acknowledge the Apple Montessori Schools right to crop or treat the photograph at its discretion. I (we) also acknowledge that Apple Montessori Schools may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I (we) hereby grant Apple Montessori Schools permission to use my likeness in photograph(s)/video in any and all of its publications and in all other media whether now known or hereafter existing, controlled by Apple Montessori Schools in perpetuity, and for other use by the school. I (we) will make no monetary or other claim against Apple Montessori Schools for the use of the Photograph(s)/and or video and reserve the right to discontinue the use at any time without prior notice.

SECURITY AND SURVEILLANCE CAMERAS (Parent Initials) _____

I (we) understand that in order to promote the safety of the children, staff and visitors as well as the security of its facilities, Apple Montessori Schools may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, dressing rooms, and that video cameras will be positioned in appropriate places within and around Apple Montessori School buildings and used in order to help promote the safety and security of people and property. I (we) hereby give my consent to such video surveillance at any time the school may choose.

TRANSPORTATION RELEASE

Permission is also granted to Apple Montessori Schools to take my child (full day legal Pre-K's and older) on field trips. An additional permission slip and fees will be due in advance of each scheduled trip.

This waiver of liability is signed voluntarily as to its contents and intent. As legal Guardian, I hereby recognize that Apple Montessori Schools are not responsible for transporting my child. I, therefore, forever release Apple Montessori Schools, its agents, servants and/or employees from any and all injuries and/or damages including medical expenses, suffered and or incurred by my child while being transported by any transporting or bus company utilized by Apple Montessori Schools.

SOLICITATION AGREEMENT

The parents of the students enrolled in the Apple Montessori Schools and Summer Camps are considered clients of the school. A working, professional relationship should be maintained at all times. As such, no employee may solicit a parent for services, nor, shall they accept solicitations from an Apple Montessori parent. This is to include, but shall not be limited to, babysitting and tutoring. In order to avoid any conflicts of interest, on behalf of both parties, we do not condone socializing with said clients outside of school business.

I certify that I have read, understand and accept all of the terms and conditions described in these policies.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Signature _____

Date _____ Relation _____

Child's Name _____ Teacher _____

Daycare Registration Form *please complete and return to school*

Child's Name

School Location Wayne

Teacher's Name _____

Please check off below which plan you are will be using this school year so that we can bill you accordingly.

_____ AM Daycare (7:00am-8:30am) @ \$50 per month OR _____ PM Daycare (3:30pm-6:30pm) @ \$140 per month

_____ Unlimited Daycare @ \$190 per month

AM or PM Daycare or Unlimited daycare is billed with your monthly tuition and is due by the 1st of the month. If daycare is not paid timely, you will be subject to a late fee and if necessary, you will no longer be eligible to utilize the daycare program.

I understand that the school reserves the right to deny, cancel, sever, or suspend a child's enrollment at any time the School, in its sole discretion deems, such action to be in the best interest of the child or the School. In such event, any unused daycare or portion thereof will be refunded. I understand aftercare ends at 6:30pm and that a fee will be charged for my child if he/she is not picked up before the School's regular closing time. This charge shall be \$12.00 per every 15 minutes. I understand that I will need to pay it in cash immediately to the daycare assistant upon picking up my child. If the school is unable to contact me and my child has not been picked up within one hour of dismissal time, I understand that the school is obligated to inform the State Division for Youth and Family Services and the appropriate authorities.

(Parent Signature)

(Date)



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Dear Parents,

At the Office of Student Affairs for the Apple Montessori School- Wayne Junior Class, we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are now moving to **mandatory** automated tuition and fee payments with **the enrollment for Fall 2014-2015**.

Tuition Express, part of our software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete not to mention that you will no longer have to worry about sending the monthly payment; leaving you more family time.

You are required to return via fax 973-283-6402 or regular US mail, either the **WJR-BAA** form for bank authorization (no charge) or the **WJR-CCA** form for credit card authorization (2% transaction fee applies). Upon receipt of the required form at the Office of Student Affairs, we will enroll you into Tuition Express.

The Office of Student Affairs will automatically process your monthly tuition per the payment option schedule chosen, option #1, option #2 or option #3. Once enrolled in Tuition Express, you will be notified via email of your account information and you can register online at www.tuitionexpress.com.

Once registered and your email verified you will receive your payment receipts automatically.

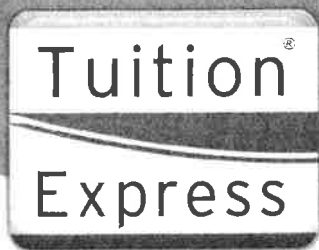
Your personal account information is safe with Tuition Express—safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the attached *Frequently Asked Questions*. There you will find answers to questions you may have about Tuition Express or automated payments in general.

If there is any circumstance that would prevent you from enrollment, kindly contact the Tuition Director at the Office of Student Affairs by calling 973-283-6400 or email your circumstances to 25nevinsrd@applemontessorischools.com

Tuition Express is convenient for you, efficient for us, but most important creates more family time. Sign up today!

Sincerely yours,
Office of Student Affairs



*Convenient and Safe
On-time Payments*



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

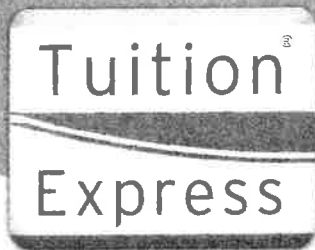
Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.



Automated Payment Processing
Safe – Convenient – Easy

Student: (Last Name): _____ **(First Name):** _____

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION (No Fee)

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

I choose the following payment option per schedule:

- ☐ **Option #1 - School year paid in full by 8/1/14 (2% discount off monthly tuition)**
- ☐ **Option #2 - 3 Monthly payments of \$4350 *see payment schedule for payment dates**
- ☐ **Option #3 - 9 monthly payments of \$1450 *see payment schedule for payment dates**

WJR-BAA

For Official Use Only

Date Received _____

Employee Signature _____

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$ _____

Deposit slips not accepted _____ Dollars

123456789

1800338

0226

A service of



procure
SOFTWARE®



Automated Payment Processing
Safe – Convenient – Easy

Student: (Last Name): _____ **(First Name):** _____

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

***I understand all charges are final; no disputes can be made with your credit card company. The Apple Montessori Office of Student Affairs will handle any disputes directly with the card holder per the tuition policy agreement.**

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

(A 2% Transaction Fee Applies)

I choose the following payment option per schedule:

- ☐ **Option #1 - School year paid in full by 8/1/14 (2% discount off monthly tuition)**
- ☐ **Option #2 - 3 Monthly payments of \$4350 *see payment schedule for payment dates**
- ☐ **Option #3 - 9 monthly payments of \$1450 *see payment schedule for payment dates**

WJR-CCA

For Official Use Only
Date Received
Employee Signature

A service of





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DIRECTOR/BUILDING ADMINISTRATOR STUDENT RECOMMENDATION FOR 1ST GRADE

To the Applicant: This recommendation is confidential and will not be shared with you. Please sign below in acknowledgement of this confidentiality agreement.

☐ I acknowledge that this recommendation is confidential and will not be shared with me, the parent/guardian.

(Parent/Guardian Signature)

Child's Name _____ Teacher: _____

Address: _____

Phone # _____ Date of Birth: _____

Approximate date of enrollment into AMS _____

Did the child attend ½ day or full day pre-k? Y N

Number of conferences attended this year? None 1 2 3

For First Grade	May have some difficulty	Acceptable	Above Average	Excellent
Academic Potential	May have some difficulty	Acceptable	Above Average	Excellent
Emotional Stability: ability to navigate social/emotional situations	May have some difficulty	Acceptable	Above Average	Excellent
Cooperation: ability to work with other including peers and adults	May have some difficulty	Acceptable	Above Average	Excellent
Character: moral and ethical strength	May have some difficulty	Acceptable	Above Average	Excellent
Leadership: ability to lead within the classroom	May have some difficulty	Acceptable	Above Average	Excellent

Please describe the level of participation and cooperation received from the parents in the past:

Additional comments or information you would like us to know:

Building Administrator's Signature: _____ Date: _____

Director's Signature: _____ Date: _____



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TEACHER RECOMMENDATION FOR 1ST GRADE

To the Applicant: This recommendation is confidential and will not be shared with you. Please sign below in acknowledgement of this confidentiality agreement.

☐ I acknowledge that this recommendation is confidential and will not be shared with me, the parent/guardian.

(Parent/Guardian Signature)

Applicant's Name: _____ Applicant to Grade _____
Please print

Teacher's Name _____
Please print

Building Administrator's Name _____
Please print

To the Teacher: Your recommendation will help us evaluate the above applicant for admission to The Apple Montessori School. **This recommendation is confidential and will not become part of the applicant's permanent record.** You may use additional sheets if necessary, but please complete this form.

How long have you known the student? _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

ACADEMIC & PERSONAL QUALITIES

What are the student's strengths?

As a student _____

As a person _____

In which areas does this student need improvement?

As a student _____

As a person _____

How well does the student accept advice or criticism? _____

Which words best describe the student's thinking?

Imitative Independent Creative Concrete Other _____

Has the student, in any way, been a disciplinary problem? If yes, please explain.

ACADEMIC QUALITIES

Within your range of experience, how would you rate the student?

Truly outstanding (Top 5%)		Good	Average		Below Average
	Below Average	Fair	Good	Excellent	Outstanding
Study Habits	1	2	3	4	5
Attention span	1	2	3	4	5
Motivation/Initiative	1	2	3	4	5
Intellectual ability	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Critical and abstract	1	2	3	4	5
Thinking skills	1	2	3	4	5

PERSONAL QUALITIES

	Below Average	Fair	Good	Excellent	Outstanding
Integrity	1	2	3	4	5
Social adjustment	1	2	3	4	5
Ability to work cooperatively	1	2	3	4	5
General level of maturity	1	2	3	4	5

PARENT(S)/SCHOOL RELATIONSHIP

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this family.

To your knowledge, is the parents' perception of their child consistent with the school's understanding of the child? _____

Are you aware of any family circumstances that affect the student's life at school? _____

Which word(s) best describes the parents in regard to their child? _____

Please list any speech or language difficulties the student may have (past or present). _____

Is there any other information that would be helpful to us in evaluating the ability of this student to perform in the grade for which this student is applying? _____

Please describe the child's work habits, learning pace and level of independence and maturity:

Please describe the child's general behavior with peers and adults:

Has this child been recommended for or received an evaluation and/or support (in school or in the community) in any of the following areas?

☐ Behavior Adjustment: Yes No Psychological/Educational Evaluation: Yes No

If so, when and by whom?

Where is the resulting information available?

The child has completed the following book(s); or indicate the last page # completed:

_____ Blue Book _____ Gold Book _____ Gold Book Comprehension

The child has mastered the following Math materials:

So far this school year, child has had: _____ Absences _____ Late Arrivals

Teacher's Name _____

Teacher's Signature _____ Date _____