



OFFICE USE ONLY ►

Date Received:

Grade:

Parent Survey:

BC Attached:

DL Attached:

IEP Attached:

WALDEN GREEN MONTESSORI 2023-2024 APPLICATION FOR SIBLING ENROLLMENT

NOTE: Applications are DUE by 4:00 PM on March 30, 2023 (Driver's License, Birth Certificate, and IEP must be attached)

Student Information

Child's Legal Name:		Applying for Grade: Y5 K 1 2 3 4 5 6 7 8							
Birthdate:	Sex:	Ethnicity:			Language:				

Previous School Attendance

School Name:	From 20__ to 20__	Grade(s):
School Name:	From 20__ to 20__	Grade(s):

Family Information

Mother's Name:	Father's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Employer:	Employer:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Marital status of parents:	Married	Remarried	Divorced	Single	Separated	Widowed
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Child lives with:	Both parents	Mother	Father	Other:
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Sibling Name:	Age:	School:
Sibling Name:	Age:	School:
Sibling Name:	Age:	School:

Walden Green Information

Have you completed the "WGM Good Fit" survey? (if not, see attachment)	Yes	No
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continue on ►

Does your child have any medical conditions, medications, or allergies?		Yes	No
<i>If yes, please explain:</i>			
Does your child have any behavioral challenges?		Yes	No
<i>If yes, please explain:</i>			
Does your child have an active IEP (special education)?		Yes	No
<i>If yes, please explain:</i>			
Emergency Contacts			
Name:	Relationship:	Home Phone:	Work Phone:
Name:	Relationship:	Home Phone:	Work Phone:
Doctor:		Phone 1:	Phone 2:
What do you expect your child to gain from his/her experience at Walden Green?			
Please describe your child in the following areas (both inside and outside of school)			
Socially:			
Talents:			
Strengths:			
Opportunities for Growth:			
Field Trip Permission			
<i>I hereby give my permission to Walden Green to transport my child in a vehicle and participate in field trips.</i>			
Printed Name:		Signature:	
Parent/Guardian Signatures			
Signature:		Signature:	
Relationship to Child:		Relationship to Child:	