

Global Montessori International School

Application





Global Montessori International School
2314 Bancroft Way Berkeley, CA 94704
Phone: (510)845-6969 Fax: (510)845-6699
www.gmis-berkeley.com

Application

CHILD'S INFORMATION

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ ZIP: _____

Birth date: ____/____/____ Check one: Male Female

Lives with: Both parents Mother Father Other _____

[Optional] We invite you to include a recent photo of your child.

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name _____

Relationship: Mother Father Guardian Other _____

Home (_____) _____ Cell (_____) _____

Work (_____) _____ Other (_____) _____

First Name: _____ Last Name _____

Relationship: Mother Father Guardian Other _____

Home (_____) _____ Cell (_____) _____

Work (_____) _____ Other (_____) _____



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Global International Montessori welcomes all qualified individuals regardless of sex, race, color, creed, disability, and national or ethnic origin.

Child's Full Name: _____ Chinese Name: _____

Gender: _____ Date of Birth: _____ Desired Start Date: _____

Program (check one): 2 years old and over (Potty Trained) to 12 years old

Early Childhood Program

Half Day (9:00 AM to 1:30 AM): _____ (Under 4 years old)

Full Day (9:00 AM to 3:30 PM): _____ (8:30AM to 5:00 PM): _____

Full Day (9:00 AM to 5:30 PM): _____ (8:00AM to 6:00 PM): _____

Elementary Program

Full Day (8:30 AM to 4:00 PM): _____ (8:30AM to 5:00 PM): _____

Full Day (9:00 AM to 5:30 PM): _____ (8:00AM to 6:00 PM): _____

PARENT/GUARDIAN INFORMATION (1)

Relationship: Mother Father Guardian Other _____

First Name: _____ Last Name _____

Soc Sec#: _____ Education: _____

Status: Married Single Separated Divorced

Address: _____

City: _____ State: _____ ZIP: _____

Home (_____) _____ Cell (_____) _____

Work (_____) _____ Other (_____) _____

E-mail Address: _____

Occupation: _____



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PARENT/GUARDIAN INFORMATION (2)

Relationship: Mother Father Guardian Other _____

First Name: _____ Last Name _____

Soc Sec#: _____ Education: _____

Status: Married Single Separated Divorced

Address: _____

City: _____ State: _____ ZIP: _____

Home (_____) _____ Cell (_____) _____

Work (_____) _____ Other (_____) _____

E-mail Address: _____

Occupation: _____

PREVIOUS SCHOOL(S) ATTENDED:

Name: _____

Address: _____

Dates of Attendance: _____

Child's general health (including allergies):

OTHER CHILDREN IN THE FAMILY:

Name: _____ Age: _____

Name: _____ Age: _____



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What is your experience with the Montessori style of education?

What educational goals do you have for your child?

Please describe your child's personality and learning style.

What, in your opinion, are your child's greatest strengths?

In what area of your child's education do you wish to see improvement?

Does your child have any specialized educational, physical, or emotional needs?

What language(s) are spoken at home?

OFFICIAL PETITION FOR APPLICATION

Parent/Guardian Signature (1)

Date

Parent/Guardian Signature (2)

Date