

Flint Community Schools Montessori Elementary Application for the 2018-19 School Year

Completing this application is the first step in joining the Flint Montessori elementary program. Applications that are received by May 15, 2018 will be considered as a group and weighed based on established criteria. Families will be notified of their acceptance or placement on the wait list by June 15, 2018. Those who are accepted will have until July 16, 2018, to complete all enrollment paperwork. Any enrollment papers that are incomplete after July 16 may result the slot being offered to another student. Applications received after May 15 will be considered if spots remain available. Please return completed applications to the Flint Community Schools Centralized Enrollment Office (located at 923 E. Kearsley St. Flint, MI 48503).

In the 2018-19 school year, Flint Community Schools will offer a public Montessori program for grades pre-kindergarten through third grade. *This application is only for elementary grades, not pre-kindergarten.* If you are interested in pre-kindergarten please call 810-767-8018. The elementary Montessori program is open to any student living in Genesee County (a Schools of Choice form is required for any student outside the City of Flint if they are accepted into the program). To be eligible for the Early 5/ Kindergarten Montessori class, students must be 5 years old by September 1, 2018.

Applications will be weighted based on the following:

- Prior Montessori experience
- Having a sibling in the Flint Community Schools Montessori program
- City of Flint residence

Additional factors considered may include the number of available slots in a grade level and the ability of the program/school to meet the individual needs of the student.

I understand that completing this application does not guarantee acceptance into the Flint Community Schools Montessori Elementary Program. I further understand that if my student is offered a place in the program, I must turn in all enrollment materials by July 16, 2018, to secure their spot. I attest that the information provided on this application is correct.

Student's Name

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

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The following questions help us understand the developmental stage of your child and provide guidance on how to best support them.

Child's first name: _____ Child's last name: _____

Child's birthdate: _____ Today's date: _____

Person filling out the form: _____

Please mark whether your child exhibits the behavior described in the questions **often/always**, **sometimes**, or **rarely/never**. If you have any questions or concerns about your child or about this form, please contact the FCS Supervisor of Early Literacy and Numeracy at (810) 760-5260.

| | Often/ always | Some- times | Rarely/ never |
|--|------------------|----------------|------------------|
| 1. Does your child make decisions for themselves (for example, choosing what activity to work on)? | | | |
| 2. Does your child settle themselves down after exciting activities? | | | |
| 3. Does your child take pride in their physical environment? (For example, by picking up their toys or helping keep the home tidy)? | | | |
| 4. Does your child get frustrated easily when trying something challenging? | | | |
| 5. Does your child concentrate for at least 15 minutes on an activity (other than watching shows or videos or playing with electronics)? | | | |
| 6. Does your child do the right thing most of the time without being told? | | | |
| 7. Does your child use words to tell you what they want or need? | | | |
| 8. Does your child take pride in doing things by themselves? | | | |
| 9. Does your child have a hard time moving from one activity to the next (for example, from playtime to mealtime)? | | | |
| 10. Does your child show curiosity about learning new things? | | | |
| 11. Does your child follow rules at home or at child care? | | | |
| 12. Does your child destroy or damage things on purpose? | | | |
| 13. Does your child show concern for other people's feelings? For example, do they look sad when someone is hurt? | | | |

14. What concerns or worries do you have about your child's development?

15. What do you enjoy about your child?

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|---|
| OFFICE USE ONLY Date Received: _____ Time Received: _____ |
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