

## Application Form

Today's Date: \_\_\_\_\_

### Student Information

Applicant's Name: \_\_\_\_\_ M F  
First Middle Last

Legal Name: (If different from above) \_\_\_\_\_

Applicant's Citizenship: \_\_\_\_\_ Date of Birth: (yyyy/mmm/day) \_\_\_\_\_

Address of Student: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Applicant lives with: Both parents  Father only  Mother only  Guardian

Other (please specify): \_\_\_\_\_

---

### Education Details

School Year Applied for: 20\_\_/20\_\_

Pre-School: Morning  Full Day  Kindergarten (age 5 by Dec. 31 of attending year): Full Day

Elementary/Middle School Grade: \_\_\_\_\_

Name of Current School (If applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has the applicant ever attended a Montessori program? Yes  No

Has the applicant had any psycho-educational assessment? Yes  No   
(If yes, please include the assessment with this application.)

Has the applicant ever had Learning Assistance of any kind? Yes  No

If yes, please explain the nature and duration of this assistance: \_\_\_\_\_

---

Do you give permission for Westmont to contact the applicant's current school to discuss his/her progress?

Yes  No

Is there any other information about the applicant that you feel the School should know in order to help him/her integrate well into the school (e.g. academic, social, medical situations)?

\_\_\_\_\_  
\_\_\_\_\_

---

## Parent #1 / Guardian Information

Parent's Name: \_\_\_\_\_ Parent's Citizenship \_\_\_\_\_

Address if different from student: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_ Professional Title (If applicable) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address of Employment \_\_\_\_\_

---

## Parent #2 / Guardian Information

Parent's Name: \_\_\_\_\_ Parent's Citizenship \_\_\_\_\_

Address if different from student: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_ Professional Title (If applicable) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address of Employment \_\_\_\_\_

---

## Sibling Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Is there any person NOT permitted access to the child?** Yes  No   
*(If yes, please attach relevant information to this application)*

### How did you first hear about Westmont Montessori School:

Parent  Westmont staff  A current/former student  Newspaper/Magazine  Web search

Westmont website?  Other \_\_\_\_\_ **\*SIBLING**  **\*ALUMNI**

---

## Payment Option *(check one)*

In Full (due July 1, of attending year)  12 monthly payments (July 1 through to June 1 of attending year)

**PLEASE ATTACH THE NON-REFUNDABLE \$100 REGISTRATION FEE TO THIS FORM. THANK YOU.**

### Declaration of Parent or Guardian:

For the purpose of establishing eligibility to receive the annual grant to Independent Schools from the BC Ministry of Education, I declare that either:

- I am a citizen of Canada or a landed immigrant and a permanent resident of British Columbia, or
- I have been lawfully admitted to Canada and I am a resident in British Columbia.

\_\_\_\_\_  
Signature of Parent / Guardian      Date

\_\_\_\_\_  
Signature of Parent / Guardian      Date