



Admission Application

Hill Country Montessori School

50 Stone Wall Drive • Boerne, Texas 78006 • (830) 229-5377

Application Requirements

- Completed Application
- Non-refundable application fee submitted with application: \$75.00 (Current families for subsequent children: \$25.00)
- Photograph of the candidate (informal photographs are acceptable)
- Confidential School Report/Teacher Recommendation from the applicant's current school, as applicable (applicants for 2nd grade and above). Please contact the HCMS office for a Release of Records Form.
- A campus visit and interview with the parent(s) and applicant is required
 - Parent Interview is with the Head of School
 - Applicant Interview is the Head of School and/or a staff member

Applicant's Information

Applicant's Legal Name: _____
(Last) (First) (M.I.)

Date of Birth: _____ Male Female Place of Birth: _____
(Month, Day, Year)

Applicant's Home Address:

(Street)

(City)

(Zip)

(Phone)

Email)

Applicant Lives With (please check all that apply):

Father Stepfather Other _____

Mother Stepmother Other _____

Legal Guardian _____

Parents Divorced Parents Separated

Father Deceased Mother Deceased

Level Applying For

Toddler (ages 18 months - 3 yrs)

- Full-week, full-day M-F, 8:30am-2:30pm
- Full-week, half-day M-F, 8:30am-11:30am
- Part-week, full-day T-W-TH, 8:30am-11:30am

Primary (ages 3 – 6 years)

- Full-week, full-day M-F, 8:30am-2:45pm
- Full-week, half-day M-F, 8:30am-11:30am
- Part-week, full-day T-W-TH, 8:30am-11:30am

Lower Elementary (ages 6-9 yrs) M-F, 8:15am-3:00pm

Upper Elementary (ages 9-12 yrs) M-F, 8:15am-3:00pm

Middle School (ages 12-14 yrs) M-F, 8:15am-3:00pm

Applying For Enrollment Beginning (Semester/Year):

- Fall _____
- Spring _____
- Immediate _____

Extended Care Program:

- Before Care** 7:30-8:00am
- After Care** 2:30-5:30pm

Has your child ever attended a Montessori School? No Yes If yes, how long? _____

List all schools (Montessori, traditional, daycares, mother's day out) attended beginning with current school:

School _____ Dates Attended _____ Grade(s) _____

Address _____ Telephone _____

School _____ Dates Attended _____ Grade(s) _____

Address _____ Telephone _____

Siblings:

Date of Birth:

School Currently Attending:

Medical Information

Does your child regularly require any medication? No Yes if yes, please explain:

Please list any allergies:

Please describe any physical disabilities or special needs of your child:

Parent Questionnaire

Please attach an additional sheet of paper if you need more room to explain.

1. How did you learn about Hill Country Montessori School?

- Search Engine
- Referred by a Friend
- Other _____
- Social Media
- Passed by the School

2a. Reasons for applying to HCMS?

- Montessori Education
- Child Care
- Reputation
- Location
- Other _____

2b. How long do you intend to educate your child with a Montessori education?

- Preschool-Kindergarten
- Through Lower Elementary (ages 6-9, grades 1-3)
- Through Upper Elementary (ages 9-12, grades 4-6)
- Through Middle School (ages 12-14, grades 7-8)

3. What is your understanding of the Montessori Philosophy? _____

4. Has any professional caregiver or teacher ever voiced a concern about the applicant's development or behavior? _____

5. Has the applicant ever been diagnosed as having a learning disability or ADD/ADHD? Please list date of diagnosis and explain: _____

6. Has the applicant ever received educational testing? Please list dates and explain: _____

7. Please describe any special circumstances that you feel might help us to know you child better (e.g. illness, divorce, new baby, allergies, family issues, other factors): _____

8. What are your expectations for your child in our school: _____

9. Has your child had experience being away from you? _____

10. Voluntary contributions of time and money are essential to the operation of a school. How would you like to contribute to Hill Country Montessori School? _____

Family Information

Father/Guardian 1: Dr. Mr. Other

Mother/Guardian 2: Dr. Mrs. Ms. Other

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Position/Title: _____

Position/Title: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Highest Level of Education Completed: _____

Highest Level of Education Completed: _____

Institution Name: _____

Institution Name: _____

Optional Information

INFORMATION REQUESTED HERE IS VOLUNTARY and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. The information is used for the purposes of articulating the population that we serve to census and accrediting agencies that request this information from us. Hill Country Montessori School, Inc. does not discriminate on the basis of race, color, religion, sex, nationality, or ethnic origin in the administration of its policies or procedures.

Ethnicity:

Caucasian

Latino

Mid-Eastern

Other

African American

Asian/Pacific

Native American

Annual Combined Family Income:

Less than \$15,000

Between \$25,000-\$50,000

Between \$75,000-\$100,000

Between \$15,000-\$25,000

Between \$50,000-\$75,000

Over \$100,000

Permanent Residence: County _____ City _____

Agreement and Acceptance

I understand that withholding or misrepresenting information may jeopardize admission or enrollment to Hill Country Montessori School. My signature below indicates that all the information provided on this application is correct and honestly presented.

Signature of Mother/Guardian _____

Date _____

Signature of Father/Guardian _____

Date _____

For Office Use Only:

Date entered: _____

Notes: _____

Date Received: _____

Program: _____

Application Fee: _____ Ck# _____

Guide: _____

Date of Interview: _____

Date Withdrawn: _____