



# MONTESSORI ONE ELEMENTARY ACADEMY

Address: 9360 Holly Avenue, NE, Albuquerque, New Mexico 87122  
Phone Number: 505.822.5150 Fax Number: 505.822.5120  
Web Address: www.montessorione.net

## APPLICATION FOR ADMISSION

Date \_\_\_\_\_ School year applying for \_\_\_\_\_ Grade for upcoming year \_\_\_\_\_

How did you hear about Montessori ONE Elementary Academy? \_\_\_\_\_

Have you attended any of the following: Open House \_\_\_\_\_ Private School Tour \_\_\_\_\_

### Student Information:

\_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name  
\_\_\_\_\_  
Date of Birth Place of Birth Age Gender  
\_\_\_\_\_  
Home Address City State Zip Home Phone

### Parent/Guardian – Mother

\_\_\_\_\_  
Last Name First Name Cell Phone  
\_\_\_\_\_  
Email Work Phone  
\_\_\_\_\_  
Employer/Business Name Nature of Business Position/Title

### Parent/Guardian – Father

\_\_\_\_\_  
Last Name First Name Cell Phone  
\_\_\_\_\_  
Email Work Phone  
\_\_\_\_\_  
Employer/Business Name Nature of Business Position/Title

### Current School:

\_\_\_\_\_  
Name of School Current Grade Years at this School  
\_\_\_\_\_  
Principal/Administrator of the School Current Teacher  
\_\_\_\_\_  
Address City State Zip Phone



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## Activities and Interests:

1. Describe the student's special interests, hobbies, talents and strengths
2. Describe specific examples where the student displays a natural curiosity and love for learning
3. In the past two years, describe specific activities that displayed the student's creative and imaginative interests
4. Outside of school, are there any activities that student is involved in? If so, please describe
5. Describe a typical week day of the student
6. What sorts of activities does the student participate in with his/her family
7. Describe specific opportunities or circumstances that may have affected the student's education in either a positive or negative manner.
8. List all languages spoken at home and if the student is fluent in those languages



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## General Information:

Has the student attended Montessori ONE Preschool Academy? Yes \_\_\_ No \_\_\_ Dates attended: \_\_\_\_\_

Has the student attended any other Montessori schools? Yes \_\_\_ No \_\_\_ Name: \_\_\_\_\_

List the student's siblings

Name	Date of Birth	Attended Montessori ONE?

List any other relatives who have previously attended or currently attend Montessori ONE

Name	Date of Birth	Relationship

To the best of my knowledge all information contained in this application is correct, complete and honestly presented.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

Montessori ONE Elementary Academy admits students without regard to religion, race, age, color, creed, national origin, ancestry, gender, disability, sexual orientation or gender identification.

Return application and \$100.00 application fee to the Admissions Office at 9360 Holly Avenue NE, Albuquerque, NM 87122. Make checks payable to Montessori ONE Elementary Academy



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### Release of Records:

#### I hereby authorize

Principal: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

#### To release the school records of

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

I authorize Montessori ONE to collect all applicable school records for my child.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

### Confidential Teacher Evaluation Form Release

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current Teacher: \_\_\_\_\_

I hereby authorize Montessori ONE Elementary Academy to request a confidential evaluation form to be completed by my child's current teacher. I also understand that the information provided by the above named teacher is confidential and I will not have access to this information.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature