



Montessori

Sandia Vista Elementary
6800 Franklin Road NE
Rio Rancho, NM 87124

"Student Excellence"
Phone (505) 338-2526
Fax (505) 771-0956

RRPS Montessori Preschool (ages 3-4) Program Application

• **Applications accepted May 1-15 after May 15 = wait list**
• **Registration is May 18-June 10 after June 10 = wait list**
Pick up registration packets at Sandia Vista Elementary School 9:30-3:30
or download at www.rrps.net

Student's Name: _____ Date of Birth: _____ Age Sept 1, 2009: _____

Gender: M F Ethnicity: Caucasian Hispanic African American Asian American Indian

Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____ Work: _____

Email Address: _____

Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____ Work: _____

Email Address: _____

If student lives with other than either above, please specify – Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Language: English Spanish Other - language(s) spoken: _____

Current "grade" level of student _____

Has your child been evaluated or received special services in the past or currently? (IFSP or IEP) Yes No

If Yes, where? _____

Please list all children/siblings:

Name of Child	Age	Grade	Special Needs	Current School Attending

I understand that the Montessori preschool (ages 3-4) is a tuition based full day program (some half day positions will be available) that meets five days a week: Monday through Friday. I also understand that completing this application **does not** guarantee my child's participation in the program, and that there are a limited number of seats. I understand that there is \$6,000/year tuition for the full day and \$4,000/year for the half day program.

Parent/Guardian Signature Date

Continue on back...

Current IFSP/IEP Yes No

Current school attending: _____

Previous Montessori School Experience: Yes No

- Check all that apply:

- Ages 3-4
- Grades Pre-K
- Ages 5-6
- Grades K-1
- Ages 7-10
- Grades 2-5

Is the child potty trained? Yes No

Does your child currently attend preschool? Yes No Which one? _____

Please describe your child's needs: _____

Has your child participated in any other programs? *Circle all that apply* (private preschool, dance lessons, sports, daycare)

Other _____

Are there any reasons your child MUST attend on AM or PM session? _____

Is there anything we didn't ask that you would like to share? _____

Does your child take naps? Yes No How Long? _____

Office Use Only: Date/Time Stamp

- Previous Montessori Experience
- RRPS students
- Student from a school ranked "needs improvement" or "corrective action"
- Child of RRPS Employee
- Siblings of students in program
- Out of district
- Accepted
- Wait list