



**Whitegate**  
**MONTESSORI LAND SCHOOL**  
*Laying a foundation for life.*

# Application for Admission

Mailing address: PO Box 2151 Washington, Missouri 63090  
 Physical address: 13990 S State Hwy 94 Dutzow, Missouri  
 636-433-4276 info@whitegatemontessori.org www.whitegatemontessori.org

We are applying for admission to the following program:

**PRIMARY: 2½ - Kindergarten**

- Half Day  
8:30am -11:30am (ages 2½-4)
- Half Day Plus  
8:30am – 1:00pm (ages 2½-4)
- School Day  
8:30am -3:30pm (ages 2½-6½)
- Before School  
7:00am – 8:30am
- After School  
3:30pm – 5:30pm

**ELEMENTARY: Grades One-Six**

- School Day  
8:30am -3:30pm
- Before School  
7:00am – 8:30am
- After School  
3:30pm – 5:30pm

**ADOLESCENT: Grades Seventh-Twelfth**

- School Day  
8:30am -3:30pm
- Before School  
7:00am – 8:30am
- After School  
3:30pm – 5:30pm

**SUMMER CAMP**

**We are interested in starting:**

- Fall of \_\_\_\_\_
- As soon as possible

**How long do you expect to keep your child enrolled at WMLS? (Please check all that apply)**

- For the Primary Program (Pre-K only)
- For the Primary Program (through K)
- For the Elementary Program (1<sup>st</sup>-6<sup>th</sup>)
- For Adolescent Program (7<sup>th</sup>-12<sup>th</sup>)
- Unsure at this time

|   |                    |   |
|---|--------------------|---|
| <b>Full Name of Student</b>   |                    |   |
| <b>Prefer to be called</b>  |                    | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>Date of Birth</b>  | <b>Current Age</b> |   |
| <b>Student's Home Address</b>   |                    |   |
| <b>City</b>   | <b>State</b>       | <b>Zip</b>  |
| <b>Home Phone</b>   |                    |   |
| <b>School District your family resides in</b>   |                    |   |
| <b>Name of Parent/Guardian</b>  |                    |   |
| <b>Home Address</b>   |                    |   |
| <b>City</b>   | <b>State</b>       | <b>Zip</b>  |
| <b>Home Phone</b>   | <b>Cell Phone</b>  |   |
| <b>Email</b>  |                    |   |
| <b>Name of Parent/Guardian</b>  |                    |   |
| <b>Home Address</b>   |                    |   |
| <b>City</b>   | <b>State</b>       | <b>Zip</b>  |
| <b>Home Phone</b>   | <b>Cell Phone</b>  |   |
| <b>Email</b>  |                    |   |
| <b>Parents/Guardians are:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent |                    |   |
| <input type="checkbox"/> Other:   |                    |   |
| <b>Who is the legal guardian?</b>   |                    |   |
| <b>Who is financially responsible for child's tuition?</b>  |                    |   |
| <b>Please list the names and relationships of all other significant adult family members living with the child:</b>                     |                    |   |
|   |                    |   |
| <b>SIBLINGS:</b>  |                    |   |
| <b>Name</b>   | <b>Age</b>         | <b>School</b>   |
| <b>Name</b>   | <b>Age</b>         | <b>School</b>   |
| <b>Name</b>   | <b>Age</b>         | <b>School</b>   |
| <b>Name</b>   | <b>Age</b>         | <b>School</b>   |
| <b>Name</b>   | <b>Age</b>         | <b>School</b>   |

*Whitegate Montessori Land School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

# Student Information

Primary Language: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_

List your child's strengths, interests, and talents: \_\_\_\_\_

Please list any organized groups in which your child is active and/or any special classes your child takes outside of the school:

Why are you interested in having your child attend Whitegate Montessori School? \_\_\_\_\_

Please share any additional information you would like us to know about your child or your family: \_\_\_\_\_

What are your goals for your child at our school? \_\_\_\_\_

Are there any assessments, reports, or documentation regarding the child that we should know about? If yes, please explain,

Previous school(s) attended, with dates of attendance: \_\_\_\_\_

Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting? If yes, please explain:

Have any family members attended a Montessori school? If yes, please list who, where, and when: \_\_\_\_\_

How did you first hear about Whitegate Montessori Land School? \_\_\_\_\_

I hereby apply for admission for my child, \_\_\_\_\_ to Whitegate Montessori Land School for the \_\_\_\_\_ academic year or applicable portion remaining.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date