



## **Elementary Admissions**

For Kindergarten through 6th Grade

To apply for admission to our Elementary Program, for students entering Kindergarten through 5th Grade, please complete the following:

**Application for Admission**

Please complete and sign the DMS Application for Admission. You can return it to the front office in person, by mail or by scanning it via email. Our mailing address is 316 Camino Delora, Santa Fe, NM 87505.

**Non-Refundable Application Fee: \$75**

Please submit the **non-refundable** application fee of \$75 along with your application. All checks should be made payable to Desert Montessori School.

**Request for Records Form**

Please fill out and sign the top portion, then forward the Request for Records to the Records Office at your child's current school. They will send your records directly to us. **\*This form does not get returned to DMS, it goes directly to your child's current school.**

**Student Information Form**

Please fill out and sign the top portion then forward the Student Information Sheet to your child's current or most recent teacher. They will fill it out and return it directly to us. **\*This form does not get returned to DMS, it goes directly to your child's current school.**

### **Application Process**

Once your application materials have been received, you will have the option to pursue enrollment if there are openings in the class that your child is applying. If there are no openings, your child's name will be added to our waitlist and we will contact you when/if an opening becomes available.

### **Enrollment Process**

The enrollment process includes providing updated application materials, scheduling a visit day for your child and completing the necessary enrollment paperwork and contracts.

### **Classroom Visits**

Prior to enrollment, we invite your child to come in for a visit day. This can be scheduled at the front office. The visit day provides a nice opportunity for your child to get to know the school and the classroom, and for us to get to know them better socially and academically.

### **Financial Aid**

If you would like to apply for financial aid please follow this procedure: Go to [sss.nais.org](http://sss.nais.org) to submit your Parent Financial Statement (PFS). Desert Montessori will receive the results of the analysis as soon as the PFS is completed. All awards are based on need.

### **Questions**

If you have any questions, please don't hesitate to contact us. You can email [awise@desertmontessori.com](mailto:awise@desertmontessori.com) or call the main office at 505-983-8212.



APPLICATION FOR KINDERGARTEN THROUGH GRADE FIVE

Please submit your completed application form and the \$75 application fee to the Admissions Office

STUDENT

Child's Name (first) (middle) (last) (suffix) Preferred First Name

Gender M F Date of Birth Applying for Grade Applying for School Year

Home Address: (street) (city) (state) (zip)

PARENT/GUARDIAN

Name (title) (first) (last) (suffix) Preferred First Name

Relationship to Applicant

Home Address (street) (city) (state) (zip)

Home Phone ( ) Cell Phone ( ) Email

Company/Employer Name Occupation/Title

Work Phone ( ) Work Email

PARENT/GUARDIAN

Name (title) (first) (last) (suffix) Preferred First Name

Relationship to Applicant

Home Address (street) (city) (state) (zip)

Home Phone ( ) Cell Phone ( ) Email

Company/Employer Name Occupation/Title

Work Phone ( ) Work Email

PARENT/GUARDIAN

Name (title) (first) (last) (suffix) Preferred First Name

Relationship to Applicant

Home Address (street) (city) (state) (zip)

Home Phone ( ) Cell Phone ( ) Email

Company/Employer Name Occupation/Title

Work Phone ( ) Work Email



**APPLICANT'S EDUCATIONAL HISTORY**

Current School Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Teacher Name \_\_\_\_\_

School Address \_\_\_\_\_  
(street) (city) (state) (zip)

Previous School \_\_\_\_\_ Years Attended \_\_\_\_\_

**FAMILY INFORMATION**

Parents are: Both at home \_\_\_\_ Separated \_\_\_\_ Single Parent \_\_\_\_ Joint Custody \_\_\_\_ Other \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

**SIBLINGS**

Name	Age	Grade	School Attending	Applied to DMS?
_____				
_____				
_____				
_____				

Will you be applying for financial aid?  YES  NO

How did you hear of Desert Montessori School? \_\_\_\_\_

Name of Person(s) who referred you to DMS, if applicable \_\_\_\_\_

What are you looking for in a school for your child?



**Please answer the following questions as honestly and completely as possible. Feel free to attach additional sheets if needed.**

What are three words you would use to describe your child?

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What are your child's academic strengths?

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What are your child's academic struggles?

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What extracurricular activities does your child enjoy?

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Does your child have any learning differences or learning disabilities? If yes, please describe.

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Has your child ever been assessed as gifted? If yes, please provide details.

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Does your child have an IEP or 504 Plan with the public school system? If yes, please describe and provide a copy of the report.

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Does your child currently receive any special services or outside support (speech, occupational, physical or psychological counseling or academic tutoring)? If yes, please describe.

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Has it ever been suggested that your child receive recommended services or outside support?

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Is there anything else that would be helpful for us know about your child or family?

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***Please submit your completed application form and the \$75 application fee to the Admissions Office.  
Visits will be scheduled after DMS receives your application and fee.***

My signature confirms that all the information provided in this application and in other related documents is true and correct to the best of my knowledge, and that I have not intentionally omitted or misrepresented information that is relevant to my child’s application to Desert Montessori School.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Desert Montessori school maintains a non-sectarian program and admits children of all abilities, races, religions and cultural heritages to all rights, privileges, programs and activities of the school. DMS does not discriminate on any basis in administration of its financial aid policies.



# Request for Cumulative School Records

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To be completed by parent/guardian and forwarded to the applicant's current or most recently attended school. **DO NOT** return this form to DMS with your application. Your child's school will forward the applicant's records directly to us.

I, \_\_\_\_\_, hereby authorize the release of information and records for

Parent/Guardian Name

\_\_\_\_\_ from \_\_\_\_\_ to **Desert Montessori School**.

Student Name

School Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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Dear Registrar/ Records Office:

The student named above has applied to our school and we request that you forward all student records including the following:

Report Card/Transcripts

Scholastic grades

Standardized test scores

Psychological Reports

Social Histories

Current IEP

Health Records

Immunizations

Attendance Records

Language and Speech test

Disciplinary Reports

Please send all records via email to [pwalendziak@desertmontessori.com](mailto:pwalendziak@desertmontessori.com) or mail all records to:

**Desert Montessori School**

**Attn: Admissions**

**316 Camino Delora**

**Santa Fe, NM 87505**

Thank you for your prompt attention to this request.

In accordance with the Family Education Rights and Privacy Act of 1974, this form will authorize the school named above to release all records. This includes transcripts, immunization history, and psychological, social, educational or developmental information regarding the above named student.



# Student Information Form

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## Confidential Student Information Form For Applicants Entering Kindergarten through Grade 6

**To the Parent/ Guardian:** Please complete the top portion of this form and give it directly to your child's current or most recent teacher. Your child's teacher will complete the required information and send it directly to Desert Montessori School.

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Student Name	Date of Birth	Entry Grade Level
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Parent/Guardian Signature	Date
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**To the Teacher:** Thank you so much for taking the time to complete this form. It is such an important part of the application and will be greatly helpful. We appreciate your honesty and candor. Please submit the completed form by email to [pwalendziak@desertmontessori.com](mailto:pwalendziak@desertmontessori.com) or mail to Desert Montessori School, 316 Camino Delora, Santa Fe, NM, 87505.

**Parents/Guardians will not have access to this confidential information.**

Teacher's Name \_\_\_\_\_ Position \_\_\_\_\_  
Date \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ School \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

How long has the student been enrolled at this school? \_\_\_\_\_

Occasionally, we like to discuss an applicant with the teacher during the admission process. What is the best way to contact you?

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please place a checkmark in the box that most accurately describes the student's development in each area. For Kindergarten students please write N/A if not applicable.

<b>Work Habits and Social/Emotional Dev.</b>	<b>Area of Strength</b>	<b>Satisfactory</b>	<b>Area of Concern</b>	<b>Not Sure</b>
Interactions with peers				
Interactions with teachers and adults				
Consideration of others				
Responsibility				
Leadership				
Cooperation				
Self-Direction				
Asking for help when needed				
Listening skills				
Following directions				
Creativity				
Concentration/ Attention				
Organization				
Ability to work independently				
Ability to rise to a challenge				

Please check the box that most accurately represents the student's academic habits and skills.

<b>Academics and Skills</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Area of Concern</b>	<b>Unsure</b>
Effort					
Verbal Expression					
Written Expression					
Reading Accuracy and Fluency					
Reading Comprehension					
Writing Spelling/Punctuation					
Writing Composition					
Math Fact Fluency					
Math Skills					
Problem Solving					
Reasoning					



Please answer each of the following questions. Feel free to attach additional sheets if necessary.

1. What are the student's greatest strengths?
2. What are the student's greatest challenges/needs?
3. Have absences or tardies impacted the student's success or classroom performance?
4. In what ways has the student's family supported the student, school and teachers?
5. Has outside support or tutoring been recommended for the student? If so, has the student received outside support? Please specify.
6. Please include any additional information you feel would be useful in helping us understand this student better.