



2024-25

## Application for Admission

1223 194 Business Loop East, Dickinson, ND 58601 • 701-495-4658  
office@ndgma.com • www.grasslandsmontessori.com

*For GMA use only*

Date Received: \_\_\_\_\_

App Fee: Check \_\_\_\_\_

Number: \_\_\_\_\_

Amount: \_\_\_\_\_

**Application Date:** \_\_\_\_\_ **Start Date Requested:** \_\_\_\_\_  
(first day of school is 9/3/2024)

**NAME OF CHILD:** \_\_\_\_\_

Male      Age: \_\_\_\_\_      DOB: \_\_\_\_\_  
 Female

Medical Conditions \_\_\_\_\_

**Please indicate the desired academic program and any supplemental options you require.**

Academic Day Program	Half Days	Full Days	Year-Round, please select one:
Toddlers (18mo-36mo)	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 8:30 – 3:30	<input type="checkbox"/> YES <input type="checkbox"/> NO
Early Childhood	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 8:30 – 3:30	<input type="checkbox"/> YES <input type="checkbox"/> NO
Kindergarten/1st Grade	-	<input type="checkbox"/> 8:30 – 3:30	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Optional Program Supplements:** (Mark any desired additions to your child's above selected program, if applicable.)

Extended Day	<input type="checkbox"/> AM Only (7:30-8:30)	<input type="checkbox"/> PM Only (3:30-6)	<input type="checkbox"/> AM & PM (7:30-8:30am & 3:30-6pm)
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**MOTHER OR GUARDIAN**

Name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
(W) \_\_\_\_\_ (Other) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_

**FATHER OR GUARDIAN**

Name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
(W) \_\_\_\_\_ (Other) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_

Marital status of parents:    Single    Married    Domestic Partnership    Separated    Divorced    Widowed

Custody agreement if parents are not married \_\_\_\_\_

If domestic partnership who has legal status of the child? \_\_\_\_\_

Applicant lives with:    Both Parents    Mother    Father    Other (please specify) \_\_\_\_\_

Other children in the family:

Name	Age	School




**Behavioral**

Does the child have a history of: Thumb/finger sucking?  YES  NO If YES, when? \_\_\_\_\_

Hyperactivity?  YES  NO

If YES, what treatment and/or medication is/was used? \_\_\_\_\_

Does the child have any special fears?  YES  NO

If YES, please explain \_\_\_\_\_

Does the child accept new people easily? \_\_\_\_\_

Does the child have regularly scheduled times for meals and bedtime? \_\_\_\_\_

How would you characterize your child's temperament? \_\_\_\_\_

**Medical History**

Does the child have a history of: (Check box if "yes")

High Temperature  Ear Infections  Fractures  Hospitalizations  Allergies  Hearing Difficulties

Vision Abnormalities  Other \_\_\_\_\_

If yes to any of the above, please provide FULL and COMPLETE details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies or other adverse physiological reactions to a specific substance (such as type of food, medicine, airborne irritants, etc.)?  YES  NO

If YES, please explain \_\_\_\_\_

Is your child currently taking any medications or herbal remedies?  YES  NO

If YES, please explain \_\_\_\_\_

Is the medicinal or herbal treatment prescribed by a physician? \_\_\_\_\_

Does the child have any special challenges (e.g., Physical, emotional, or learning)?  YES  NO

Please explain \_\_\_\_\_

\_\_\_\_\_

**Social**

Does the child separate from you easily or with difficulty? \_\_\_\_\_

What is your child's favorite way to socialize (e.g., large group, one-on-one, prefers grownups, prefers children, loud atmosphere, quiet atmosphere)? \_\_\_\_\_

\_\_\_\_\_

**Family Information**

Is the child adopted?  YES  NO If YES, does the child know? \_\_\_\_\_ At what age was the child adopted? \_\_\_\_\_

How does the child get along with siblings? \_\_\_\_\_

Is either parent absent for long periods of time?  YES  NO If YES, please explain \_\_\_\_\_

If the child is cared by anyone other than the parents, what is the name and relationship of the caregiver? \_\_\_\_\_

Other than the parents and siblings, are there any other people living in the home? \_\_\_\_\_

Who are they and what is their relationship to the child? \_\_\_\_\_

Has your child had any traumatic or difficult experiences?  YES  NO If YES, please explain \_\_\_\_\_

Does the child have specific responsibilities at home?  YES  NO If YES, please explain \_\_\_\_\_

How do you handle discipline with your child? \_\_\_\_\_

Are you aware of any special learning needs your child may have? \_\_\_\_\_

What is your greatest delight with this child? \_\_\_\_\_

What is your greatest challenge with this child? \_\_\_\_\_

Please tell us something further about your child that we have not asked:

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What benefits do you expect your child to derive from a Montessori Education? (Attach another sheet of paper if necessary)

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What are your child's expectations, academic goals & desires?

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**Before or After School Care**

Are you in need of before or after school care for your child?

Before School:  YES  NO

After School:  YES  NO

How often?  Daily  Occasionally

Name of parent/guardian who has observed a class at Grasslands Montessori: \_\_\_\_\_

(A classroom observation is recommended prior to applying)

Is the applicant related to a present or past student at Grasslands Montessori?  YES  NO

If YES, please give the name and applicant's relation to that student: \_\_\_\_\_

How did you first hear about Grasslands Montessori?

Website  Internet Search  Other  Referred by \_\_\_\_\_

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**A nonrefundable application fee of \$50.00 is required with this application.**

I acknowledge that I have responded to these questions to the best of my knowledge and ability. I understand that this questionnaire is used as a tool toward serving the best interests and needs of my child and our family in Grasslands Montessori's educational environment.

If my child is accepted into a program, I understand that the nonrefundable fees (New Student, Materials, Activity and Staff Development) with a signed contract will be required at the time of enrollment in order to secure my child's position. I also understand that once an enrollment contract is signed, I am financially obligated to the terms of the contract unless the school recommends withdrawal.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**Instructions**

Please return:

1. The completed Application Form
2. A check, made out to Grasslands Montessori Academy, for the \$50 non-refundable application fee to  
**Grasslands Montessori Academy**  
**1223 I 94 Business Loop East, Dickinson, ND 58601**

Upon receipt of the application form and fee, you will receive an acknowledgement. Student may be asked to attend an interview or spend a day in a classroom in order to be considered for enrollment.

Elementary Students: To ensure a timely response to your application, please send the Request for Transcript form to your child's previous school immediately.

Grasslands Montessori Academy admits students regardless of race, religion, national origin, or gender.