



APPLICANT INFORMATION

Name _____ Gender _____

Address _____ Present Grade _____

City, State, Zip _____ Applying for Year _____

Date of Birth _____ Home Phone _____

Ethnicity: ___Asian American ___American Indian ___African American
 ___Latino/Hispanic ___Caucasian ___Mixed Race ___Other _____

Applying for Program: Toddler Preschool Elementary

FAMILY INFORMATION

Parent _____ Parent _____
 Married _____ Partners _____ Divorced _____ Separated _____ Single _____ Widowed _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Address _____ Business Address _____

Business Telephone _____ Business Telephone _____

Schools/Colleges Attended _____ Schools/Colleges Attended _____

Grandparent _____ Grandparent _____

Address _____ Address _____

Present School _____ Telephone Number _____

Address _____
(Street) (City) (State) (Zip)

Please list all schools previously attended:

(School) (Address) (Year/Grade)

Please list names, schools and ages of siblings:

(Name) (School) (Age)

(Name) (School) (Age)

Has the parent/applicant visited BMFS while in session? _____

If not, please call to schedule a visit. (If yes, please give date)

Please list special interests/hobbies of the applicant:

Please list special interests/hobbies of the parents:

References: Please list two people who you feel best know the strengths, personality and learning style of your child; we will be writing them for references.

(Name) (Relationship) (Address) (Telephone)

(Name) (Relationship) (Address) (Telephone)

How did you first hear about BMFS? _____

Signature of Parent/Guardian _____ Date _____

Please mail this completed application to: Brixham Montessori Friends School
18 Brickyard Court
York, ME 03909

Please include a non-refundable application fee of \$75.00

Brixham Montessori Friends School
18 Brickyard Court
York, ME 03909
(207) 351-2700

RELEASE FORM

Name of Student _____ Grade _____

I, _____ grant permission to
(signature of parent)

(Name of School) (Address)

(City, State) (Zip)

to forward a copy of the following records concerning _____
(Student Name)

to: **Brixham Montessori Friends School**
18 Brickyard Court
York, ME 03909

COPIES OF RECORDS

This release is for admission purposes. Please send copies of grades (including this year to date) and any recent standardized testing and any quarter and mid-term testing. Please include any diagnostic educational and psychological testing completed in the last three years.

Signature of Parent/Guardian _____ Date _____

This request is in compliance with Public Law 93-380 where school officials are requested to treat all information with strict confidentiality.

Brixham Montessori Friends School is a not-for-profit corporation and 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. Brixham Montessori Friends School does not discriminate on the basis of race in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

Please complete the essay on the back page.

**Brixham Montessori Friends School
18 Brickyard Court
York, ME 03909
(207) 351-2700**

Please use this page to write a short essay explaining your reasons for applying to BMFS and any goals you have for your child.