Complete Form and Submit with a \$200.00 Non-Refundable Application Date Application & Fee Submitted \_\_\_\_



| Grade applying for |  |
|--------------------|--|
| 11 0               |  |
| Current Grade      |  |
| Current School     |  |

# Summit-Questa Montes sori School 5451 SW 64<sup>th</sup> Avenue (Davie Road) • Davie, FL 33314 • (954) 584-3466 Fax (954) 584-7816

# **Application for Admissions**

| Child's Information               | Ins                             | structions: P | lease pri   | nt or w                        | rite clearly.   | Fill in all bla | nks. If not ap | plicable | enter  | N/A. |
|-----------------------------------|---------------------------------|---------------|-------------|--------------------------------|-----------------|-----------------|----------------|----------|--------|------|
| Full Name                         |                                 |               |             |                                | Sex<br>(■ one.) | □ Fe            | emale          |          | Male   |      |
| Nickname Birth Date               |                                 |               |             | Current Age Age as of 9/1/2023 |                 |                 |                |          |        |      |
| Address                           |                                 | 4             | City        |                                |                 |                 | State          | Zip      |        |      |
| Telephone ( )                     |                                 | Allergies     | . <u>L</u>  |                                |                 | Any severe alle | ergies/asthma? | Eŗ       | piPen? |      |
| Special Problems or Information   |                                 | <u> </u>      |             |                                |                 |                 |                |          |        |      |
| Parent 1/Guardian 1's Information |                                 |               |             |                                |                 |                 |                |          |        |      |
| Name Home Telephone (             |                                 |               | phone (     | )                              |                 |                 |                |          |        |      |
| Address (if different)            |                                 |               | City        |                                |                 | State           |                | Zip      |        |      |
| Cell Phone                        | Phone Occupation E-mail Address |               |             | <u> </u>                       |                 |                 |                |          |        |      |
| Place of Employment V             |                                 |               | Work        | Telephone (                    | one ( ) Ext.    |                 |                |          |        |      |
| Parent 2/Guardian 2's Information |                                 |               | ,           |                                |                 |                 |                |          |        |      |
| Name                              |                                 |               |             |                                |                 | Home Teleph     | one (          | )        |        |      |
| Address (if different) City       |                                 | City          |             |                                | State Zip       |                 |                |          |        |      |
| Cell Phone                        | Occupation                      |               |             | E-mail Address                 |                 |                 |                |          |        |      |
| Place of Employment               |                                 | Work          | Telephone ( | ione ( ) Ext.                  |                 |                 |                |          |        |      |
| Legal Guardian's Information (Who | o has legal custody             | 7?)           |             |                                |                 |                 |                |          |        |      |
| Name                              |                                 |               |             |                                |                 | Home Teleph     | one (          | ) Cell   | (      | )    |
| Address (if different)            |                                 | City          | y State Zip |                                |                 |                 |                |          |        |      |
| Family Information                |                                 |               |             |                                |                 |                 |                |          |        |      |
| Are both parents in the Home?     | □ No                            | Family Status | s           |                                |                 |                 |                |          |        |      |
| Other Children:<br>Name           |                                 |               |             | Age                            |                 | Grade in school |                |          |        |      |
| Name                              |                                 |               |             | Age                            |                 | Grade in school |                |          |        |      |
| Name                              |                                 |               | Age         |                                | Grade in school |                 |                |          |        |      |

2023-2024 Application

| Medical Information   |  |   |                 |            |  |  |
|---|--|---|-----------------|------------|--|--|
| Has regular medication ever been prescribed?  |  | Major Illness                             |                 |            |  |  |
| Convulsions   |  | Explain                                   |                 |            |  |  |
| Accidents   |  | Highest Fever/Cause Age                   |                 |            |  |  |
| Psychological Information   |  |   |                 |            |  |  |
| Describe any emotional or psychological treatment   | your child is experiencing.  |   |                 |            |  |  |
|   |  |   |                 |            |  |  |
| Psychologist  |  | Telephone                                 |                 |            |  |  |
| Address   |  | City State Zip                            |                 |            |  |  |
| Does your child experience any of the following symptoms? (Check all that apply.)   |  |   |                 |            |  |  |
| Afraid of New Tasks or Situations   | Facial Tics  | ☐ Constantly Moving ☐ Loses Temper Easily |                 |            |  |  |
| Stubbornness  | ☐ Bites Nails  | ☐ Sucks Thumb                             |                 |            |  |  |
| At what age did your child crawl?   | walk? toilet   | train? say words?                         | say             | sentences? |  |  |
| Describe any unusual sleeping or eating habits.   |  |   |                 |            |  |  |
|   |  |   |                 |            |  |  |
| Previous Professional Evaluation  |  | D. I.                                     |                 |            |  |  |
| Eye Exam  | Date   | Results                                   |                 |            |  |  |
| Ear Exam  | Date   | Results                                   |                 |            |  |  |
| Neurological  | Date   | Results                                   |                 |            |  |  |
| Psychological   | Date   | Results                                   |                 |            |  |  |
| Educational   | Date   | Results                                   |                 |            |  |  |
| ADHD, Asperger's Syndrome   | Date   |   |                 |            |  |  |
| Has your child been diagnosed with ADD/ADHD?  | Dyslexia?  | Autism? Poor eye/har                      | nd coordination | ?          |  |  |
| Has your child been diagnosed with Asperger's Sy  | ndrome? Anxio  | ety Disorder? Poor visual me              | emory loss?     | _          |  |  |
| Is your child easily frustrated? Easily di  | stracted? Fidgets  | s with hands or feet? Inatten             | tive?           |            |  |  |
| Does he/she follow through on instructions?   | _  |   |                 |            |  |  |
| Please describe the degree of your child's disability   | ý  |   |                 |            |  |  |
| Does he/she demonstrate aggressive behavior?  |  |   |                 |            |  |  |
| Has the applicant ever been on probation? Yes   | No Suspended? Y  | Yes No                                    |                 |            |  |  |
| Has the applicant ever been asked to withdraw by a school/daycare? Yes No   |  |   |                 |            |  |  |
| If you answered yes above, please explain:  |  |   |                 |            |  |  |
|   |  |   |                 |            |  |  |
| Does your child have the Family Empowerment UA Scholarship? Does your child have the Step Up For Students Scholarship?  |  |   |                 |            |  |  |
| Does your child have the Hope Scholarship?  | Does your child have the Hope Scholarship? Does your child have the AAA Scholarship? |   |                 |            |  |  |
| SUMMIT-QUESTA MONTESSORI SCHOOL'S PROGRAM IS NOT DESIGNED FOR CHILDREN WHO HAVE SPECIFIC DIFFICULTIES I.E. LEARNING DIFFICULTIES, MEDICAL NEEDS, EMOTIONAL ISSUES OR PSYCHOLOGICAL PROBLEMS NOR ARE MONTESSORI TEACHERS TRAINED IN THESE AREAS. WE ARE NOT ABLE TO MEET ALL NEEDS OF CERTAIN STUDENTS. FOR THIS REASON, PARENTS MUST INFORM US (ON THIS FORM) OF ANY PHYSICAL, EMOTIONAL, OR MEDICAL ISSUES THAT YOUR STUDENT MAY POSSESS. PLEASE NOTE THE LEVEL OF DIFFICULTY YOUR CHILD MAY HAVE. Please initial that you have read this statement. |  |   |                 |            |  |  |

| Previous School Information  |                             |                       |                     |  |  |
|--|-----------------------------|-----------------------|---------------------|--|--|
| Name   | Grade Completed             | Dates: From           | n To                |  |  |
| Address  | City                        | State                 | Zip                 |  |  |
| Name   | Grade Completed             | Dates: From           | n To                |  |  |
| Address  | City                        | State                 | Zip                 |  |  |
|  |                             | ·                     |                     |  |  |
| Please indicate which year your child is enrolling for (i.e. 2023-2024 or 2024-2025) For what grade  |                             |                       |                     |  |  |
| Have you taken a tour of the school? If so, when _   | and with whom               |                       |                     |  |  |
| Did you attend the Principal's Tour or our annual vi   | rtual open house? (Indicate | which one you attende | d?)                 |  |  |
|  | one                         |                       | e of the following: |  |  |
| <ul> <li>Students with Religious Exemptions (DH681 forms), who are not immunized, are attending school.</li> <li>Your student will partake in classroom activities that involve the handling and possible eating of food.</li> </ul> |                             |                       |                     |  |  |
| Please attach a complete copy of your child's last report card and standardized testing.   |                             |                       |                     |  |  |
| Parent/Legal Guardian: My signature below indicates that the information given herein is truthful and accurate to the best of my knowledge.  Check one.  Parent  Legal Guardian  Signature  Date                                     |                             |                       |                     |  |  |
| Office Use Only  |                             |                       |                     |  |  |
| Previous School Records Received   | Date of Child's Interview   | Action Taken/Da       | tte                 |  |  |

This form may be downloaded from our website (www.summitquesta.com)

Application Fee Paid. \$\_

### Please submit the following with your application:

Class Visited

Date Application Fee Paid

- > Parent Questionnaire
- > Pre-Enrollment Terms and Conditions
- > Student Support System
- > Middle School Entry Requirement Application
- **▶** Report Cards and Testing Results (*if not submitted during the tour*)

2<sup>nd</sup> Visit (date/with whom)

Date Application Received



### Summit-Questa Montessori School

### Parent Questionnaire

| Why are you choosing  | a Montessori School for yo    | our child?                        |                          |               |
|---|-------------------------------|-----------------------------------|--------------------------|---------------|
|   |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
| Are you aware of how  | the educational philosophy    | of Montessori differs from the t  | raditional educational p | philosophy?   |
|   |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
| ON A SCALE OF   | 7 1 10·                       |                                   |                          | Scale 1-10    |
| ON A SCALE OF   | 1-10.                         |                                   |                          | Scale 1-10    |
|   | 1 1 11 11                     | 1 0                               |                          |               |
| How willing are you to  | learn more about this phil    | osophy?                           |                          |               |
|   |                               | d's development, such as indepe   | ndence, time managem     | ent,          |
| communication skills, o                                       | organization, and peace-ma    | aking skills?                     |                          |               |
| How important is it to  | you to have your child bec    | ome a creative thinker?           |                          |               |
|   |                               |                                   |                          |               |
| How important is it to you to have your child receive grades? |                               |                                   |                          |               |
| How important are standardized test scores to you?            |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
| What are your expectat  | ions of our school?           |                                   |                          |               |
| •   |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
| What extracurricular ac                                       | ctivities are important to yo | ou and your child? (Please circle | e)                       |               |
| Drama   | Movie Making                  | Art                               | Chess                    | Dance         |
| Gymnastics  | Reading Labs                  | Forsign Language                  | Science                  | Soccer        |
| Gymnastics  | Reading Labs                  | Foreign Language                  | Science                  | Soccei        |
| Swimming  | Volleyball                    | Choir                             | Basketball               | Flag Football |
| Track/Cross Country   | Robotics                      | Other: (fill in)                  |                          |               |
|   |                               |                                   |                          |               |
|   |                               |                                   |                          |               |
| Date Completed:   |                               | Parent (Print and Sig             | n):                      |               |



# Summit-Questa Montessori School Pre-Enrollment Terms and Conditions

Dear Parents of Student Applicants:

Now that you have filled out your student's application form and paid your application fee, you are ready to begin the **pre-enrollment procedures** listed below:

- 1. Schedule a *visitation* for your child (not applicable for Early Childhood students).
- 2. Take the *Confidential Recommendation Form* (available from Summit-Questa) to your child's last school. The school, not the parents, must return this form.
- 3. Sign the *Request for Records* form (due upon acceptance).
- 4. Copy of Parents and/or Guardian Driver's License must be on file and a copy of your Student's Birth Certificate must be submitted to Admissions before the student visitation.
- 5. Submit your student's last two report cards, last standardized testing, any student educational, physical, behavioral and/or emotional evaluations and any other pertinent student information to the Admissions Office.
- 6. Once the classroom visitation is completed, student records have been received, and the recommendation forms are returned, our admissions committee will determine acceptance.
- 7. Feel free to contact the Admissions office at 954-584-3466 or email <a href="mailto:mskathy@summitquesta.com">mskathy@summitquesta.com</a> to check on enrollment availability for your child/children once you have completed the application process along with items 1 to 6 above.

The collection of data is for admission purposes only; the screening procedures are not diagnostic nor I.Q. based. They will not be forwarded to any other school. All information will remain confidential.

Please remember Summit-Questa Montessori School's program is not designed for children who have specific difficulties i.e. learning difficulties, medical needs, emotional needs, emotional issues or psychological problems, nor are our teachers trained in these areas. For this reason, we are not always able to meet the needs of every child.

At times parents have not informed the school of specific issues their child may have or the true depth of the child's learning disabilities or emotional/psychological problems. Our goal is to help any child we are able to successfully help. However, the Montessori Program is not always suited for every student. For this reason, any student who has not had previous Montessori experience, but who we feel would be a good candidate for our Montessori learning environment will be enrolled on a "PROBATIONAL BASIS". If the student is not meeting his or her academic level and still cannot function independently in the classroom after the initial transition period or if it is decided upon registration that more student support is needed then the student must enter our support system i.e. a shadow, tutor and/or specialist.

If during this time period, the teachers and administration feel that this is not the best learning environment for your student, we will begin the withdrawal process. Please see Ms. Kathy to sign the proper documents.

#### Upon enrollment:

- 1. Complete the appropriate registration and enrollment forms. (Available from the Admissions Office.)
- 2. Submit completed up-to-date health forms from your child's doctor for the school.
- 3. Become familiar with the school's philosophy by attending a Montessori lecture appropriate to the age of the child.

By signing below, you are acknowledging and agreeing to our Pre-Enrollment Terms and Conditions.

| Student's Name:        | <br><del></del> |  |
|------------------------|-----------------|--|
| Parent's Name (print): | <br>            |  |
| Parent's Signature:    | Date            |  |



# Summit-Questa Montessori School Student Support System

Our Montessori philosophy is to enroll students whose needs we can meet. Our program is not designed for children who have certain learning difficulties. Sometimes it is difficult for a student to adjust immediately into a new school environment. In some cases, it can take a student up to four to six weeks to perform academically to where he or she should be. If the student is not meeting his or her academic level and still cannot function independently in the classroom after the initial transaction period or if it is decided upon registration that more student support is needed, then the following procedures will be required. Students will be entered into our student support system which may include one or more of the following interventions. However, if a student enters our program with an IEP, or a diagnosed learning disability, then the Student Support Program and/or tutoring will be required.

Parents/Guardians agree to further testing for assessment to determine what the parents and the staff can do to help

Based on the results of the assessment test and the student's performance in the classroom, the parents agree to inhouse tutoring. Parents assume the financial responsibility for the tutoring. (Tutoring is not included in the tuition.)

the student.

| period, after school tutorials, or a shadow. Parents a and/or shadow. These programs are not included in classes per year in upper and middle school. If you additional tutorial class. Tutorials will be available to be in each class. | dent may require more one-on-one intervention, a low-ratio study agree to assume the financial responsibility for this intervention the tuition with the exception of 15 free after school tutorial attend more than 15 classes, you will be charged \$22 per and the classroom teachers will determine which students need eachers may come to the conclusion that our Montessori |
|--|--|
|  |  |
| We (the parents or guardians of agree to follow the guidelines noted above.  | ) agree to support and abide by the school's philosophy and  |
| Print Parent/Guardian's Name   | Print Student's Name   |
| Parent/Guardian's Signature/Date   | Parent/Guardian's Signature/Date   |
| Administration Date  |  |

## QUESTA MIDDLE SCHOOL OF SUMMIT-QUESTA MONTESSORI SCHOOL

#### **ENTRY REQUIREMENTS**

The Montessori Middle School Program is very innovative. It incorporates the Montessori philosophy, the known developmental needs of the early adolescent, current research, and the latest theories on human development and learning. It is a multi-aged setting (11-14) with peer and cross-age teaching and encourages independence and self-motivation, as well as learning how to work in groups. It is process oriented and focuses on refining "real life" skills such as problem solving, good communication skills, finding and using resources for whatever it is they need, creative and critical thinking, and working with different types of people. Curriculum highlights include:

- A challenging academic program
- Small group cooperative learning
- Whole group community experiences
- Personal and individualized learning plans
- Time management skills
- School and community service projects
- Student run businesses
- Computer technology
- Fine arts
- Foreign language
- Two to five day challenge & adventure trips
- Work on the land
- Environmental projects

# Students must be ready academically, emotionally and socially to enter this innovative Middle School Program. Therefore, students applying to the Middle School must meet the following criteria:

- ✓ Academic Ability and Achievement B or above
- ✓ Good independent work and study habits
- ✓ Ability to be responsible for their own cycle work
- ✓ Prior teacher recommendations
- ✓ Good conduct, courtesy, and respect for others. Prior disciplinary problems will be taken into consideration. The school reserves the right to dismiss any student whose conduct may endanger themselves or others or any student who disrupts the educational program. Students entering this program must be emotionally stable and socially ready for the early adolescent environment.
- ✓ Attendance excessive absences and late arrivals will be part of the evaluation process
- ✓ Applicants and their parents must be ready for their student to participate in the field trips
- ✓ Strong parent support (including homework, cycle work, behavior, and discipline) is necessary. Parents must support the discipline policy. Middle school students benefit most through a strong teacher, student, parent partnership in learning. Parents who do not adhere to and support our school policies and/or are uncooperative in supporting the decisions of the school, undermine the program and will be subject to immediate dismissal of their child.
- Financial obligations must be met. Middle school tuition rates and the cost of field trips are higher than the fees you previously experienced in Upper Elementary. There is a minimum tuition rate which may be higher than the increase you would incur with early enrollment. You can contact the office for your middle school tuition rate.
- Field trip costs for the 2023-2024 school year are **approximately** \$1,850.00 (6<sup>th</sup> & 7<sup>th</sup> grade) and \$2,500.00 (8<sup>th</sup> grade) per student. Although our overnight field trips are not mandatory, but highly recommended, we do understand that attending the long-term field trips may not be possible for some students if his/her family is experiencing financial difficulties. In addition, students with certain medical conditions may be excused or will need a parent to attend. **Those students not participating in overnight field trips are required to attend school in place of the field trip. Failure to attend school will result in unexcused absences.**

# QUESTA MIDDLE SCHOOL OF SUMMIT-QUESTA MONTESSORI SCHOOL

### MIDDLE SCHOOL APPLICATION FOR THE 2023-2024 SCHOOL YEAR

| If you wish to apply for the 2023-2024 Middle So | chool Program, please complete this form and return it to the office as soon as possible.   |
|--|---|
| Student's Name:                                  |   |
| Current Grade:                                   |   |
|  | ments and accept the conditions stated therein. I/ We understand that my/our child must criteria to be accepted into the Middle School Program. |
| Parent/Parents Signature:                        |   |
| Date:  |   |