

Complete Form and Submit with a
\$250.00 Non-Refundable Application

Date Application & Fee Submitted _____



School year applying for _____
Grade applying for _____
Current Grade _____
Current School _____

Summit-Questa Montessori School

5451 SW 64th Avenue (Davie Road) ♦ Davie, FL 33314 ♦ (954) 584-3466 Fax (954) 584-7816

Application for Admissions

Child's Information

Instructions: Please print or write clearly. Fill in all the blanks. If not applicable enter N/A.

Full Name		Sex (<input checked="" type="checkbox"/> one.) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Nickname	Birth Date	Current Age _____	Age as of 9/1/2026 _____
Address	City	State	Zip
Telephone ()	Allergies	Any severe allergies/asthma?	EpiPen?
Special Problems or Information			

Parent 1/Guardian 1's Information

Name		Home Telephone ()	
Address (if different)	City	State	Zip
Cell Phone	Occupation	E-mail Address	
Place of Employment	Work Telephone ()	Ext.	

Parent 2/Guardian 2's Information

Name		Home Telephone ()	
Address (if different)	City	State	Zip
Cell Phone	Occupation	E-mail Address	
Place of Employment	Work Telephone ()	Ext.	

Legal Guardian's Information (Who has legal custody?)

Name		Home Telephone () Cell ()	
Address (if different)	City	State	Zip

Family Information

Are both parents in the Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Status	
Other Children: Name	Age	Grade in school
Name	Age	Grade in school
Name	Age	Grade in school

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.)			
<input type="checkbox"/> Afraid of New Tasks or Situations	<input type="checkbox"/> Facial Tics	<input type="checkbox"/> Constantly Moving	<input type="checkbox"/> Loses Temper Easily
<input type="checkbox"/> Stubbornness	<input type="checkbox"/> Bites Nails	<input type="checkbox"/> 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

Eye Exam	Date	Results
Ear Exam	Date	Results
Neurological	Date	Results
Psychological	Date	Results
Educational	Date	Results
ADHD, Asperger's Syndrome	Date	Results

Has your child been diagnosed with ADD/ADHD? _____ Dyslexia? _____ Autism? _____ Poor eye/hand coordination? _____

Has your child been diagnosed with Asperger's Syndrome? _____ Anxiety Disorder? _____ Poor visual memory loss? _____

Is your child easily frustrated? _____ Easily distracted? _____ Fidgets with hands or feet? _____ Inattentive? _____

Does he/she follow through on instructions? _____

Please describe the degree of your child's disability _____

Does he/she demonstrate aggressive behavior? _____

Has the applicant ever been on probation? Yes _____ No _____ Suspended? 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? _____

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 THE 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	To
Address	City	State	Zip
Name	Grade Completed	Dates: From	To
Address	City	State	Zip

Please indicate which year your child is enrolling for (i.e. 2026-2027 or 2027-2028) _____ For what grade _____

Have you taken a tour of the school? If so, when _____ and with whom _____

Did you attend a tour or our annual open house? _____ (Indicate which one you attended)

How did you hear about Summit-Questa Montessori School? Complete below.

Newspaper or magazine ad? Please indicate which one _____
Referred by: Name of parent & student _____
Internet ad (indicate which site) or from our website. _____
Other (please explain) _____

Broward County Licensing and Enforcing (CCLE) are requiring all childcare facilities to make sure that parents are aware of the following:

- Students with Religious Exemptions (DH681 forms), who are not immunized, are attending school.
- Your student will partake in classroom activities that involve the handling and possible eating of food.

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. <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	Signature	Date
--	-----------	------

Office Use Only

Previous School Records Received	Date of Child's Interview	Action Taken/Date
	Class Visited	2 nd Visit (date/with whom)
Application Fee Paid. \$ _____	Date Application Fee Paid	Date Application Received

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

Please submit the following with your application:

- **Parent Questionnaire**
- **Pre-Enrollment Terms and Conditions**
- **Student Support System**
- **Report Cards and Testing Results (if not submitted during the tour)**



Summit-Questa Montessori School

Parent Questionnaire

Why are you choosing a Montessori School for your child?

Are you aware of how the educational philosophy of Montessori differs from the traditional educational philosophy?

ON A SCALE OF 1-10:

Scale 1-10

How willing are you to learn more about this philosophy?

How important to you are other areas of your child's development, such as independence, time management, communication skills, organization, and peace-making skills?

How important is it to you to have your child become 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 expectations of our school?

What extracurricular activities are important to you and your child? (Please circle)

Drama

Movie Making

Art

Chess

Dance

Gymnastics

Reading Labs

Foreign Language

Science

Soccer

Swimming

Volleyball

Choir

Basketball

Flag Football

Track/Cross Country

Robotics

Other (fill in):

Date Completed:

Parent (Print and Sign):



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 mskathy@summitquesta.com 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: _____

Parent's Name (print): _____

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 the student.
- Based on the results of the assessment test and the student's performance in the classroom, the parents agree to in-house tutoring. Parents assume the financial responsibility for the tutoring. (Tutoring is not included in the tuition.)
- If staying on task is an issue for the student, the student may require more one-on-one intervention, a low-ratio study period, after school tutorials, or a shadow. Parents agree to assume the financial responsibility for this intervention and/or shadow. These programs are not included in the tuition with the exception of 15 free after school tutorial classes per year in upper and middle school. If you attend more than 15 classes, you will be charged \$30 per additional tutorial class. Tutorials will be available, and the classroom teachers will determine which students need to be in each class.
- If none of the above procedures work, parents and teachers may come to the conclusion that our Montessori environment is not beneficial for their student.

For students who are required upon registration to be enrolled in our Student Support System. The check mark indicates which program your child will be participating in.

- | | |
|---|--|
| <ul style="list-style-type: none">• Permanent low- ratio independent study period (1 period per day)• Temporary Support (rate may vary depending on need)• After School Tutorials (15 free tutorials per year)• Shadow• Specialist (ESE, etc.)• Private Tutoring• Semi-Private Tutoring (2 or 3 students) | <ul style="list-style-type: none"><input type="checkbox"/> Additional Cost – rates vary by specialty<input type="checkbox"/> Additional Cost – rates vary by specialty<input type="checkbox"/> Additional Cost - \$30 per tutorial<input type="checkbox"/> Rates vary by specialty<input type="checkbox"/> Rates vary by specialty<input type="checkbox"/> During School \$40/hour; After School \$45/hour<input type="checkbox"/> During School \$30/hour; After School \$35/hour |
|---|--|

Please be aware that even though your student is not required at this time to be enrolled in the student support program, the time may arise when your student may be required to participate in one of the programs above.

We (the parents or guardians of _____) agree to support and abide by the school's philosophy and agree to follow the guidelines noted above.

Print Parent/Guardian's Name _____ Print Student's Name _____

Parent/Guardian's Signature/Date

Parent/Guardian's Signature/Date

Administration

Date