

APPLICATION FOR ADMISSION

Office Use: App Rec'd _____ Reg Fee Ch# _____ Acceptance Ltr Sent _____



Please consider my son/daughter (circle) as a student for the upcoming school year at the following campus/program:

(check all that apply, please note that space in AM/PM Care is limited)

SW Portland Campus

9:00-1:00 9:00-3:00 Elementary 8:30-3:15 AM Care PM Care Both AM/PM Care

Lake Oswego Campus – Primary Program

9:00-1:00 9:00-3:00 AM Care PM Care Both AM/PM Care

Toddler Program – Lake Oswego Campus (ages 15 months – 3 years)

5 days/week: 9:00-1:00 9:00-3:00 Breakfast 8:00-9:00am PM Care 3:00-4:30pm

4 days/week (M-Th): 9:00-1:00 9:00-3:00 Breakfast 8:00-9:00am PM Care 3:00-4:30pm

Student Information

Student Name (Last, First): _____

Date of Birth: _____

Parent(s) Name (Last, First): _____

Home address (Address, City, State, Zip): _____

Contact Phone Numbers: _____ (dad) _____ (mom)

Email addresses: _____ (dad) _____ (mom)

Parent Signature: _____ Application Date: _____

With the understanding that consistency and continuity are vital to young children's optimal development, admissions preference is given to families whose intention is to remain with West Hills Montessori for the full three year Montessori cycle which includes the Kindergarten year.

Admissions Process:

- Return completed application for admission
- Return completed new student questionnaire
- Submit Application Fee (New Students: \$250/child, Returning Students: \$125/child)*
*Upon placement in our program the application fee becomes non-refundable
- **Lake Oswego applications should be mailed to PO Box 2232, Lake Oswego, OR 97035**
- We will contact you to acknowledge processing of your application.

SW Portland Campus
4920 SW Vermont St.
Portland, 97219
503-246-5495

Lake Oswego Campus
Street Address: 4515 Parkview Dr., Lake Oswego 97035
Mailing Address: PO Box 2232, Lake Oswego 97035
503-636-1408