



Application for Admission

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Name of Student: _____

Preferred Name: _____

Gender: Male Female Date of Birth: _____

Student's Current Age: _____

Name of Parent/Guardian 1: _____

Relationship to Child: _____

Home Address: _____

Mailing Address:

Same as Home Address OR

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

I give permission for the Bloom staff to communicate with me via text messaging.

Place of Employment: _____

Work Address: _____

Position: _____

e-mail Address: _____

Name of Parent/Guardian 2: _____

Relationship to Child: _____

Home Address: _____

Mailing Address:

Same as Home Address OR

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

I give permission for the Bloom staff to communicate with me via text messaging.

Place of Employment: _____

Work Address: _____

Position: _____

e-mail Address:

Parents/Guardians are:

Married Separated Divorced Domestic Partners Single Parent

With whom does the child reside? _____

If there are any custodial arrangements related to the child, please indicate:

Who is financially responsible for child's tuition?

Name(s): _____

Address to be used for billing:

City: _____ State: _____ Zip Code: _____

Contact List:

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

This person is allowed to pick-up child, upon written notification from parent/ guardian

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

This person is allowed to pick-up child, upon written notification from parent/ guardian

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

This person is allowed to pick-up child, upon written notification from parent/ guardian

Student Information

Primary Language: _____

Other Language(s) Spoken: _____

Please list your child's strengths, interests, and talents.

Please list any organized groups in which your child is active and/or any special classes your child takes outside of school:

Why are you interested in having your child attend Bloom Montessori School?

Please share any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school: _____

Are there any assessments, reports, or documentation regarding your child that we should know about?

Yes No

If yes, please explain:

Please list previous school(s) attended, with dates of attendance:

Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting?

Yes No

If yes, please explain:

I hereby apply for admission of my child, _____,
to Bloom Montessori School for the _____ academic year.

I have enclosed the non-refundable \$90.00 application fee.

Parent/Guardian Signature:

Date: _____

Parent/Guardian Signature:

Date: _____

Bloom Montessori School does not discriminate on the basis of race, religion, gender, or sexual orientation in its admission policies. Bloom Montessori School seeks to maintain a student body consisting of children who will flourish in a peaceful Montessori environment and add to the joyful spirit of the community.