



**Flathead Valley Montessori Academy**  
**330 N. Somers Rd, Kalispell MT 59901**  
**(406) 857-3303 [www.flatheadvalleymontessori.com](http://www.flatheadvalleymontessori.com)**

**APPLICATION FOR ADMISSION**

**Applicant's Name** \_\_\_\_\_  
First middle last

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
street city zip

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security# \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
First last

Address (if different from above) \_\_\_\_\_  
Street city zip

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Other phone (pager, cell, etc.) \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours available at work phone \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
First last

Address (if different from above) \_\_\_\_\_  
street city zip

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Other phone (pager, cell, etc.) \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours available at work phone \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

If parents are separated or divorced, please answer the following:

With whom does the applicant live? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_

To whom should bills be sent? \_\_\_\_\_

To whom should mailings be sent? \_\_\_\_\_

If remarried, stepmother/stepfather name \_\_\_\_\_

Grandparents (for mailings) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Sibling Name(s) and Age(s) \_\_\_\_\_  
\_\_\_\_\_

Others in household? \_\_\_\_\_

Previous schools/dates of attendance \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special physical, academic, or emotional needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

If yes, please describe any psychological or educational testing that has been done. \_\_\_\_\_  
\_\_\_\_\_

Please list any medical problems of which we should be aware (including allergies). \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to tell us about your child? \_\_\_\_\_  
\_\_\_\_\_

How did you become interested in FVMA? \_\_\_\_\_

**Application Checklist**

- Application fee (\$100 payable to Flathead Valley Montessori Academy)
- Completed parent questionnaire
- Completed student questionnaire

Complete this form and mail to: FVMA  
330 N. Somers Road  
Kalispell, MT 59901

**PLEASE DO NOT FILL OUT THIS SECTION**

Date application received \_\_\_\_\_ Registration fee (ck# \_\_\_\_\_ / cash) \$ \_\_\_\_\_  
Date parent questionnaire received \_\_\_\_\_ Date student questionnaire received \_\_\_\_\_  
Date teacher questionnaire received \_\_\_\_\_ Date progress reports received \_\_\_\_\_  
Date achievement test results received \_\_\_\_\_ Family Handbook confirmation \_\_\_\_\_  
Date transportation form received \_\_\_\_\_ Date field trip permission received \_\_\_\_\_  
Date green card received \_\_\_\_\_ Date emergency medical permission received \_\_\_\_\_  
Date media permission received \_\_\_\_\_ Date enrolled \_\_\_\_\_

Flathead Valley Montessori Academy admits students of any race, color, disability, religion, sexual orientation, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Flathead Valley Montessori, Inc. does not discriminate on the basis of race, creed, religion, sex, marital status, color, age, physical disability, or national origin or because of mental disability, unless based on reasonable grounds, in administration of its educational policies, admissions policies or School-administered programs.