



Application for Admission

Name of Child: _____
 First Middle Last Nickname

Date of Birth: _____ Age Sept. 1 _____ yrs. _____ mos. **Male/Female (circle)**

Home Address: _____
 Street City Zip Code

Home Phone Number: _____

Child Lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian

Enter Siblings ages and names: _____

Previous schools attended by applicant and dates attended: _____

PARENT/GUARDIAN INFORMATION:

 Name

 Relationship to Applicant

 City/State/Zip

 Email Address

 Home Telephone Number

 Cell Phone Number

 Business Telephone/Fax Number

 Employer

 Occupation

PARENT/GUARDIAN INFORMATION:

 Name

 Relationship to Applicant

 City/State/Zip

 Email Address

 Home Telephone Number

 Cell Phone Number

 Business Telephone/Fax Number

 Employer

 Occupation

CAMPUS and PROGRAM you are applying for:

Great Valley	Infant: 3 day/5 day	Pre-Primary: 2 day/3 day/5 day	Primary: 2 day/3 day/5 day
Malvern	Infant: 3 day/5 day	Pre-Primary: 2 day/3 day/5 day	Primary: 2 day/3 day/5 day
Paoli		Pre-Primary: 2 day/3 day/5 day	Primary: 5 day Elementary: 5 day
West Chester		Pre-Primary: 2 day/3 day/5 day	Primary: 2 day/3 day/5 day
Royersford	Infant: 3 day/5 day	Pre-Primary: 2 day/3 day/5 day	Primary: 2 day/3 day/5 day

Are you interested in: (Please circle):

Full Day(9am-3pm) Half Day(9am-12pm)/(12.30-3.30pm) Before care(7.30am-9am) After care (3pm-6pm)

Please complete other side

Great Valley
 75 Lancaster Avenue
 Malvern, PA
 19355
 610.240.0442

Malvern
 315 Central Avenue
 Malvern, PA
 19355
 610.644.2221

Paoli
 1510 Russell Road
 Paoli, PA
 19301
 610.640.3864

Royersford
 70 Buckwalter Road,
 Suite 750
 Royersford, PA 19468
 610.948.4264

West Chester
 1385 Birmingham Rd.
 West Chester, PA
 19382
 610.399.6699

Wilmington
 1 Middleton Drive
 Wilmington, DE
 19808
 302.235.2554

Your answers to the following questions will enable us to gain a deeper understanding of your family. You are welcome to attach another sheet of paper if you require more space.

Please describe your familiarity with the Montessori Method of teaching?

What aspects of the Montessori philosophy are most appealing to you, and why?

What are your principal goals for your child while she/he is a student here?

Does your child need help going to the bathroom/do they tell you when they need to go to the bathroom?

IMSschools is very dependent upon the involvement of its families to create a strong community for our children. If you would like to volunteer or share a special interest please outline below.

I hereby certify that the information provided in this application is true and accurate.

Parent/Guardian Signature: _____ Date: _____

Thank you for taking time to complete this application form. The information you provided will be kept confidential. Please return this form with a non-refundable application fee of \$75 to: IMSchools Attn: Admissions Director @ 1510 Russell Road, Paoli, PA 19301. Upon receipt of the completed application and fee, IMSchools will send you an enrollment packet to complete. Upon receipt of the completed enrollment contract (and 5% total annual deposit) a place will be reserved for your child/ren. If there are more applicants than spaces available your child/ren will be placed on our waiting list.

IMSchools does not discriminate against any applicant with regards to race, religion, color, gender, national origin or limited English proficiency.