



Foundation Academy Montessori

18891 Harrell Averett Lane
Livingston, Louisiana 70754
FAM@famoaks.com
225.328.0170

Student Application

Academic Year: _____

Date: _____

Student Information

Name: _____
(Last) (First) (Middle) (Suffix)

DOB: _____ Age: _____ Social Security: _____

Primary Telephone: (____) _____ - _____ M / F Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Information

Mother/Guardian:	Father/Guardian:
Address (if different from student):	Address (if different from student):
Cell Phone #:	Cell Phone #:
Email:	Email:
Employer:	Employer:
Occupation:	Occupation:
Work Phone:	Work Phone:
Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: _____	

Foundation Academy Montessori does not discriminate against employees, students, or applicants based on race, color, sex, or national origin in the administration of policies and/or procedures.

Medical Alert Commitment

Dear Parents/Guardians:

We are in a season filled with intense health concerns. Clear communication is essential. Foundation Academy Montessori uses various communication platforms to reach a vast audience. These platforms include (but are not limited to) Social Media (i.e., FAM website, FAM web pages), direct text messaging to mobile devices, email, and MySchoolYear™.

Communication is a two-way path. FAM commits to inform parents/guardians, students, and the local community if critical or emergency situations arise. As a partner with Foundation Academy Montessori, parents/guardians commit to inform FAM's principal immediately if there exists the possibility their family and/or student has been exposed to a contagious environment or person. This enables FAM to notify other parents/guardians. This communication enables FAM to alter events, procedures, or operations in a timely manner (free from panic and chaos).

As situations occur or change, FAM will take the necessary steps to inform parents/guardians. We are committed to providing a campus environment that promotes and implements a healthy atmosphere. This commitment is made to the campus staff, parents/guardians, and students. Emergency health plans and school operation procedures, in the case of an outbreak or elevated situation, ensure a healthy response to such events. These plans and procedures will include (but are not limited to) distant learning, expanded seating arrangements, adjusted hours of operation, and/or adjusted schoolwork projects. In the event extreme measures are necessary, a quarantine may be implemented.

At the foundation of this partnered commitment, FAM provides a Health Alert Commitment. This form requires signatures from FAM personnel, parents/guardians, and students. This commitment ensures the entire FAM community is performing due diligence in practicing healthy precautionary measures necessary to limit the spread of contagious viruses and diseases.

As a partner with Foundation Academy Montessori (FAM), we commit to inform Foundation Academy Montessori **immediately** if there exists the possibility our family and/or student has been exposed to a contagious environment or person.

Our commitment enables FAM to notify other parents/guardians. This communication enables FAM to alter events, procedures, or operations in a timely manner (free from panic and chaos).

Student

Parent(s)/Guardian(s)

FAM Administration or Principal

Previous Education

School: _____

Address: _____

Phone: () - Years Attended: _____

School: _____

Address: _____

Phone: () - Years Attended: _____

School: _____

Address: _____

Phone: () - Years Attended: _____

Has your child had any form of testing or counseling that may require special attention and/or limit school activities? _____

Has your child ever been diagnosed or in a 504/IEP program? _____

Has your child been suspended/expelled at his/her previous school? Please explain. _____

Has your child ever been diagnosed with ADD, ADHD or any other learning disability? _____

Do they currently take medication for ADD or ADHD or any other behavioral medication? _____

I approve FAM to treat my child with the following topical ointments, if needed:

Antibiotic ointment

Anti-itch ointment

Sunscreen

Transportation Release

I authorize Kelli Brock and/or staff to transport my child for school related activities including, but not limited to, daily school delivery to and from Foundation Academy Montessori (18891 Harrell Averett Lane, Livingston, LA), field trips, and any reason deemed necessary by Kelli Brock. I understand my child will never be left unattended and will be secured by seat belts as in accordance with the law.

I give permission

I do not give permission

Photographic Release

I authorize Foundation Academy Montessori to use and reproduce all audio, video, and photographs which FAM takes of my child or any family members produced for school literature or website purposes, without further compensation. All originals and proofs shall constitute as FAM property.

I give permission I do not give permission

Video Release

During instruction, Foundation Academy Montessori will use videos and/or images to add value to a subject’s content. These supporting resources have been reviewed and found to be an important tool to aid the adolescent in his/her comprehension and application of presented subjects.

This media will be in various forms (i.e., YouTube®, Google Classroom, videos made in-class, Amazon Prime®). This list is not all inclusive. If/When Foundation Academy Montessori believe a topic requires a parent/guardian pre-review, a link and further information will be emailed to the FAM email group.

I give permission I do not give permission

Student Questionnaire

1. Describe your child (circle all that apply)

- | | | | | | | |
|--------|------------|-----------|-------------|-------------|--------------|---------------|
| Neat | Studious | Curious | Builder | Helpful | Peaceful | Contemplative |
| Calm | Gentle | Passive | Artistic | Dreamer | Cheerful | Loves nature |
| Quiet | Timid | Logical | Organized | Tireless | Reserved | Individualist |
| Daring | Content | Refined | Attentive | Inquisitive | Social | Headstrong |
| Lively | Diligent | Sensitive | Responsible | Confident | Enthusiastic | Free spirited |
| Active | Reflective | Talkative | Methodical | Patient | Intuitive | Amusing |

2. What are your child’s greatest strengths, both cognitive and social?

3. Please describe any behavior, social and/or cognitive needs of your child that FAM should be aware of.

4. Please circle the word that describes your child's:
- | | | | | |
|---------------------------------|------|---------|------|-----------|
| Attitude towards school? | Poor | Average | Good | Excellent |
| Social interaction with others? | Poor | Average | Good | Excellent |
| Respect towards authority? | Poor | Average | Good | Excellent |
| Response to discipline? | Poor | Average | Good | Excellent |

5. What are your expectations of Foundation Academy Montessori for your child?

I affirm the information on this form is true to the best of my knowledge.

Parent/Guardian Signature

Date

Please attach these documents with this completed application:

- **Transcripts, Report Grades, Progress Reports, etc. from the student's last school(s)**
- **Copy of the Birth Certificate**
- **Copy of the Social Security Card**
- **Copy of the Medical Insurance Card (front and back)**