**Central Kitsap School District**

**Montessori Application**

Student Name

Entering Grade Level

Student’s Date of Birth

Boy

Girl

Current School

Dates

Montessori? Yes

No

Total Years of Montessori Experience

Sibling Enrolled in CKSD Montessori? Yes

No

Name of Sibling

Resides in CK School District: Yes

No

If yes, which CK neighborhood school

In no, which school district do you reside in?

*If you reside outside of the CK boundary and your child is accepted into the program, you will need to complete release/transfer papers, and re-apply each school year.*

**Parent/Guardian Names**

**Mother** Mailing Address

City

State

Zip Code

Home Phone:

Work/Cell Phone:

Email:

**Father**

Mailing Address

City

State

Zip Code

Home Phone:

Work/Cell Phone:

Email:

**Guardian**

Mailing Address

City

State

Zip Code

Home Phone:

Work/Cell Phone:

Email:

Date Attended Information Night:

or Date of Classroom Visit:

*Attendance at a Parent Information Night is highly recommended.*

Please provide written responses to each of the following statements/questions.

1. Why do you choose a Montessori education for your child?

2. Has your child participated in other Central Kitsap School District special programs?

No Yes (if yes, please describe below):

3. What other information would you like to share about your child and placement in this program?

Please mail to: Hawk Elementary at Jackson Park

Attention: Diane Yetter

2900 Austin Drive

Bremerton, WA 98312

***Application is due by March 25th.***

**You will be notified by mail by the end of April of the placement of your student in the program.**



**Montessori Program Parent Responsibility & Confidentiality Commitment**

Student name(s) and grade(s) Parent name(s) Mailing address Neighborhood school Phone number(s) of parent(s) Email address

 *Please check here if you* ***do not*** *want your information published in our CKMPA Contact List.*

*Time Commitment: One of the purposes of the Montessori program is to make learning a positive experience and foster independence for lifelong learning. Parent involvement with the Montessori classroom is a key program element. Parents are adult role models and are important in assisting to develop the prepared environment. In working together, more time can be devoted to meeting individual children’s needs.*

*When a child is enrolled in the Montessori program, parents are asked to volunteer a minimum of 4 hours per month for one child, and 2 additional hours for two or more children in the program (6 hours). In the event you are unable to fulfill your monthly volunteer time commitment, you may purchase volunteer hours for $10/hour. Volunteer Hours submission and/or buy out will be coordinated by the Montessori Parents Association Parent Volunteer Coordinator.*

**I make a commitment to volunteer an average of 4 hours per month for one child enrolled in the Montessori program, or 6 hours for more than one child. I will submit my Volunteer Hours monthly to the Montessori Parents Association Parent Volunteer Coordinator.**

***Check preferred area(s) of volunteering:***

 In class working with students

 Clerical

 Field Trip Driver/Chaperone

 Art Docent (volunteer art teacher)

 Computer (typing lists, flyers, research)

 Development of materials

 Research (material gathering)

 Committee work

 Classroom Coordinator (Room Parent)

 Classroom cleaner

 Montessori materials specialist

 Fundraising

 Grant writer

 Hospitality

 Humanitarian projects

 Website Management

 Instruction in (area of specialty)

Other (please explain)

I understand and agree that, in working with children, information about individual students is to be regarded as confidential and not shared with friends, parents, neighbors, or other students. Instructors of the Montessori program should be made aware of any information concerns regarding an individual child. This staff member

is solely responsible for relaying that information to parents or other teachers. **I will treat student information confidentially.**

Signature Date

Signature Date

*Statement*

The Central Kitsap School District provides equal educational and employment opportunity without regard to race, creed, religion, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation – including gender expression or identity, marital status, the presence of any sensory, mental, or physical disability, the use of a trained dog guide or service animal by a person with a

disability, HIV/Hepatitis C status, or other bases protected by applicable law. Equal access to activities, facilities and programs is provided to the Boy Scouts of America and other designated youth groups.

CENTRAL KITSAP SCHOOL DISTRICT NO. 401

**MONTESSORI PROGRAM - TEACHER REFERRAL FORM**

First Grade Applicant

Student Name:

Teacher:

School:

*Please evaluate this student’s performance using the identified criteria:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lifelong Learning Skills | Not Yet | Starting | Often | Consistently |
| Uses material appropriately and keeps materials organized |  |  |  |  |
| Stays on task and demonstrates power of concentration |  |  |  |  |
| Accepts responsibility |  |  |  |  |
| Willing to explore new ideas and shows curiosity; asks how, when, why |  |  |  |  |
| Follows rules and respects the rights and property of others |  |  |  |  |
| Listens to others without interruption |  |  |  |  |
| Follows directions |  |  |  |  |
| Adjusts to changes in routine and solves problems in a positive way |  |  |  |  |
| Is self-directed and thinks before acting |  |  |  |  |
| Completes assignments |  |  |  |  |
| Willing to participate in group activities |  |  |  |  |
| Academics - Math |  |  |  |  |
| Recognizes numbers 1-20 |  |  |  |  |
| Writes with correct formation 0-9 |  |  |  |  |
| Counts rote 1-100 |  |  |  |  |
| Recognizes numbers 1-100 |  |  |  |  |
| Identifies quantities (circle) 1-20; 1-100 |  |  |  |  |
| Counts by (circle) 2’s; 5’s; 10’s to 100 |  |  |  |  |
| Uses real objects to add; subtract |  |  |  |  |
| Counts rote 1-100 |  |  |  |  |
| Memorizes + facts sums of 10 or less |  |  |  |  |
| Memorizes – facts of 10 or less |  |  |  |  |
| Place value: reads, makes quantities (circle) 1’s; 10’s;  100’s; 1000s |  |  |  |  |
| Identifies coins and their values |  |  |  |  |
| Tells time to the hour |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Uses a calendar (knows days, months, dates) |  |  |  |  |
| Identifies (circle) ; ; ; ▭ ; |  |  |  |  |
| Knows concept of =; >; < |  |  |  |  |
| Identifies odd and even |  |  |  |  |
| Academics – Language |  |  |  |  |
| Recites days of the week |  |  |  |  |
| Recites months of the year |  |  |  |  |
| Correct pencil grip |  |  |  |  |
| Writes (circle) first name; last name |  |  |  |  |
| Uses upper/lower case letters for name |  |  |  |  |
| Knows sounds for letters of alphabet |  |  |  |  |
| Writes letters of alphabet with correct formation (lower case) |  |  |  |  |
| Knows sounds of short vowels |  |  |  |  |
| Reads 3-letter phonetic words |  |  |  |  |
| Reads long vowel sounds |  |  |  |  |
| Reads letter blends |  |  |  |  |
| Reads independently |  |  |  |  |

Teacher Comments:

Teacher Signature

Date

We appreciate the time and attention spent in responding. Please return this form to: **Hawk Elementary @ Jackson Park School, Attn: Diane Yetter, 2900 Austin Drive, Bremerton, WA 98312 (360) 662-9000**