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Preschool Application for Admission

Last Name	First Name	Middle Name	Preferred Name
Date of Birth	Gender (M/F)	Academic Year Applying for:	Applying for 3/4 or 4/5 preschool

Family Information

First Parent/Guardian:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (home) _____

(work) _____

(cell) _____

Email address: _____

Occupation: _____

Employer: _____

Second Parent/Guardian:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (home) _____

(work) _____

(cell) _____

Email address: _____

Occupation: _____

Employer: _____

Who will assume financial responsibility for your child's tuition?

Mother Father Both parents Other: _____

Sibling Information:

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Academic Background:

School Attended	Phone Number	Grades	# Years	Contact at School

Please have your child's current preschool teacher complete the attached student evaluation form and return it in a signed and sealed envelope. If this is your child's first school experience the evaluation can be filled out by a parent or guardian.

Enrollment ~ Please enroll my child for the following class: (Please check one of the following options)

4/5 year old preschool class -- (Must be four years old by September 10th)

Monday through Friday

- AM
 All Day

3/4 year old preschool class -- (Must be three years old by September 10th)

Monday through Friday

- AM
 All Day

Parent Statement ~ Please respond to the following on a separate piece of paper. Typed responses are preferred.

1. Why would you like your child to attend MIS?
2. What goals do you have for your child's education?
3. How will an MIS education meet these goals?
4. Please describe your child's academic achievements and challenges.
5. Please describe your child's special interests, talents and/or other unique qualities.
6. Has your child had any prior experience with a second language? If yes, please explain.
7. Does your child have any special needs (academic, physical, etc.)? If yes, please explain and detail any accommodations your child requires.
8. Do you plan to educate your child at MIS through 8th grade? Please explain.
9. How did you learn about MIS?

Parent/Guardian Declaration:

The information contained in this application is full and complete to the best of my knowledge. I agree to support the school and understand that my participation is essential to a successful educational experience. I give permission for the Missoula International School to contact my child's previous and/or current school for information relating to my child's education: Yes No

Signature of Parent or Guardian

Date

This application must be accompanied by a \$25.00 check made payable to the Missoula International School. The fee is non-refundable and is waived for Financial Aid applicants.

Financial Aid Information is available in the MIS office or online at <https://sss.ets.org>

For Office Use Only

Date Application Received: _____ Application Fee Received: _____

Payment Method: Check (# _____) Money Order _____

Missoula International School
For Candidates to Preschool through Kindergarten

STUDENT EVALUATION

Name of Student: _____ Birth date: _____ Application for: _____

Days per week enrolled: _____ Hours per day: _____ Size of group: _____ Age range: _____

To the Teacher or School Director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. This evaluation will be kept in strict confidence and used solely to help inform a thoughtful admission's decision.

SOCIAL/EMOTIONAL DEVELOPMENT

	Exhibits strength	Age Appropriate	Needs development
Can be a friend			
Is supportive of peers			
Is comfortable with adults			
Plays alone happily			
Cooperates in play			
Shares well			

	Exhibits strength	Age Appropriate	Needs development
Initiates play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Exhibits appropriate humor			

Descriptive Comments:

COGNITIVE DEVELOPMENT

	Exhibits strength	Age Appropriate	Needs development
Is attentive			
Listens in a group			
Contributes to group Discussion			
Follows directions			
Works cooperatively			
Completes tasks			
Demonstrates ability to focus on one task			
Respects classroom Routines			
Expresses ideas well			

	Exhibits strength	Age Appropriate	Needs development
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is curious			
Is willing to try new Activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem-solving abilities			

Descriptive Comments:

PHYSICAL DEVELOPMENT

	Exhibits strength	Age Appropriate	Needs development
Small muscle control and coordination			
Large muscle control and coordination			
Speech development (articulation)			

Please identify and describe any special needs, including auditory and visual development.

PARENT AND FAMILY INFORMATION

Please comment on parent cooperation and support for the child's school experience.

Describe the beginning literacy or reading/writing skills:

Describe beginning math skills:

FOR ALL APPLICANTS: We encourage any information which you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. You may wish to use a separate sheet of paper.

Name: _____ Date; _____ Phone: _____

School/Address _____

I have known this child for _____ years _____ months. My relationship has been that of _____.