



# LEFFERTS GARDENS MONTESSORI SCHOOL

## ELEMENTARY SCHOOL INITIAL APPLICATION

OPTIONAL CHILD  
OR FAMILY PHOTO

ACADEMIC YEAR:

### CHILD AND FAMILY INFORMATION

Please type or print clearly. (Including a photo of your child or family is optional.)

Child's First Name Middle Last Name Nickname

Gender Date of Birth

Home Address City State Zip

Telephone Primary Email Ages  5,6,7 or  8,9,10

Language(s) Spoken at Home

### CHILD LIVES WITH:

Parent/Guardian Name Relationship to Child Parent/Guardian Name Relationship to Child

Home Address Home Address

City State Zip City State Zip

Primary Phone Alternate Phone Primary Phone Alternate Phone

Email Address Email Address

Occupation Name of Firm/Employer Occupation Name of Firm/Employer

Business Address

Business Address

Business Telephone

Business Telephone

Educational Background

Educational Background

To whom should we address mailings?

Does the child have any siblings?  YES  NO

If yes, what are their ages?

Do you have any connections to LGM?

Is your child a current LGM student?

*If yes, skip below*

## SCHOOL INFORMATION

Child's Current School

Current Grade

Other Schools Attended

Dates Attended

Reasons for Leaving his/her Current School

Have you applied to LGM before?  YES  NO

If yes, for what age group?

## QUESTIONS FOR PARENTS/GUARDIANS

Please answer the following questions. No more than a paragraph is necessary for each. Feel free to attach additional paper if needed.

What are 4 words or phrases that best describe your child?

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1. What led you to apply to Lefferts Gardens Montessori School?

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2. Why do you think a Montessori education would be a good fit for your child and family?

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3. Is there anything relevant that you think is important for the school administration to know about your child and/or family?

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4. How does your child respond to daily routines/learning/school/new experiences/challenges?

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5. What do you hope for your child and family in elementary school?

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Please include a nonrefundable \$50 fee with your application. Make checks payable to Lefferts Gardens Montessori School and mail with your application to: 527 Rogers Avenue, Brooklyn NY 11225, Attn: Elementary School Admissions

**BE SURE TO INCLUDE YOUR CHILD'S MOST RECENT SCHOOL REPORT AND TEACHER RECOMMENDATION FORM.**

- If your child has a report card, please be sure to include.

Please check here to give permission for LGM to request information from your child's current or previous schools (*if applicable*)

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Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

NOTICE: A completed application is not a contract to enroll at Lefferts Gardens Montessori School. Lefferts Gardens Montessori School does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin in the administration of its educational policies, admissions policies and other school administered programs.

Any questions, please email [admissions@mylgm.com](mailto:admissions@mylgm.com).