



Shiloh Montessori Academy

3706 Shiloh Baptist Church Rd
Amite, LA 70422
office@shilohmontessori.org
985.247.2153

Student Application (3-6 yrs.)

Academic Year: _____

Date: _____

Student Information

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

DOB: _____ Age: _____ Social Security: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Is your child potty-trained? ☐ Yes ☐ No

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: _____	

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

Emergency Contact Information

The contacts listed below are authorized to pick up my child in the event I am unable to.

Name	Relationship	Home Phone	Cell Phone

Medical Information

Primary Care Physician: _____

Address: _____

Phone: () - _____

Insurance Provider: _____

Policy#: _____ Hospital Preferred: _____

Allergies: _____

Medications taken on a regular basis (if any): _____

Is your child up to date on his/her immunizations? Yes No

Release and Hold Harmless

I RELEASE AND HOLD HARMLESS, Shiloh Montessori Academy, Shiloh Baptist Church, PTL Land Co. and Lion King Ministry along with each businesses employees, teachers, volunteers, student workers, agents, representatives, contractors and associates from any and all liability that would arise from, personal injuries, sickness, death, as well as property damage and expenses, incurred by me or my minor child while attending school or school-related functions. If any medical bills arise from me or my minor child, I assume full personal responsibility. I understand that by signing my name, I agree with Shiloh Montessori Academy (3706 Shiloh Baptist Church Rd., Amite LA 70422), to honor this agreement to RELEASE AND HOLD HARMLESS Shiloh Montessori Academy, Shiloh Baptist Church, PTL Land Co. and Lion King Ministry. I also give Shiloh Montessori Academy staff and volunteers permission to transport my child to the nearest medical facility in the event of an emergency.

Parent(s)/Guardian(s)

Print Name

Parent(s)/Guardian(s)

Print Name

SMA Administration or Principal

Print Name

Medical Alert Commitment

Dear Parents/Guardians:

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

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

As situations occur or change, SMA 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, SMA provides a Health Alert Commitment. This form requires signatures from SMA personnel, parents/guardians, and students. This commitment ensures the entire SMA community is performing due diligence in practicing healthy precautionary measures necessary to limit the spread of contagious viruses and diseases.

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

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

Student (Print Name)

Parent(s)/Guardian(s)

Print Name

Date

Parent(s)/Guardian(s)

Print Name

Date

SMA Administration or Principal

Print Name

Date

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 SMA to treat my child with the following topical ointments, if needed:

☐ Antibiotic ointment

☐ Anti-itch ointment

☐ Sunscreen

Parent(s)/Guardian(s)

Print Name

Date

Parent(s)/Guardian(s)

Print Name

Date

SMA Administration or Principal

Print Name

Date

Transportation Release

I authorize Shiloh Montessori Academy staff or volunteers to transport my child for school related activities including, but not limited to, daily school delivery to and from Shiloh Montessori Academy (3706 Shiloh Baptist Church Rd., Amite, LA 70422), field trips, and any reason deemed necessary. 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

Parent(s)/Guardian(s)

Print Name

Date

Parent(s)/Guardian(s)

Print Name

Date

SMA Administration or Principal

Print Name

Date

Photographic Release

I authorize Shiloh Montessori Academy (SMA) to use and reproduce all audio, video, and photographs which SMA 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 SMA property.

☐ I give permission ☐ I do not give permission

Parent(s)/Guardian(s)

Print Name

Date

Parent(s)/Guardian(s)

Print Name

Date

SMA Administration or Principal

Print Name

Date

Video Release

During instruction, Shiloh Montessori Academy (SMA) 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 Shiloh Montessori Academy believes a topic requires a parent/guardian pre-review, a link and further information will be emailed to the SMA email group.

☐ I give permission ☐ I do not give permission

Parent(s)/Guardian(s)

Print Name

Date

Parent(s)/Guardian(s)

Print Name

Date

SMA Administration or Principal

Print Name

Date

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 SMA 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 Shiloh Montessori Academy for your child?

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

Parent(s)/Guardian(s)

Print Name

Date

Parent(s)/Guardian(s)

Print Name

Date

Please attach these documents with the 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)