

Mail application with a \$60 check before
February 1, 2012 to:

THE FRENCH MATERNAL SCHOOL
3115 P Street NW
Washington, DC 20007



2012 - 2013 APPLICATION FOR ADMISSION

PHOTO
(portrait only)

Applications will not
be considered
without one.

For School use only:

Application received on: _____

Date of Admission: _____

Age at Admission: _____

Section: TPS PS MS GS

CHILD INFORMATION

Child's First Name: _____ Child's Middle Name: _____ Child's Last Name: _____

Date of birth (month first): _____ Place of Birth/Country: _____ o Male o Female

Age of child on 9/1/2012: _____ years and _____ months.

Child is potty trained Child is not potty trained Child is being potty trained

Allergies/Medical Condition(s): _____

PARENTS INFORMATION

Married Separated Divorced Other _____

| | |
|---------------------|---------------------|
| Parent 1's name: | Parent 2's name: |
| Home address: | Home address: |
| Home phone: | Home phone: |
| Cell phone: | Cell phone: |
| Work phone: | Work phone: |
| Occupation: | Occupation: |
| Title: | Title: |
| Employer: | Employer: |
| Employer's address: | Employer's address: |
| Email: | Email: |

FAMILY INFORMATION If there are other children in your family, please list:

Name, Age and School: _____

LINGUISTIC INFORMATION

Native tongue of parent 1: _____ Native tongue of parent 2: _____

Language(s) spoken by parent 1 (by level of fluency): _____

Language(s) spoken by parent 2 (by level of fluency): _____

Language(s) spoken by parent 1 to the child: _____

Language(s) spoken by parent 2 to the child: _____

Language(s) spoken by a third person in the household (nanny, au pair, grandmother, etc.) to the child: _____

Language(s) spoken by the child: _____

Is one parent a French citizen? yes who? _____ no

GENERAL INFORMATION

How did you hear about our school? _____

Why are you interested in our program? _____

Have you attended one of our open houses? yes no if yes, when?: _____

Have you previously applied for admission of this student at FMS? yes no If yes, when?: _____

Has applicant ever used the services of a social worker, professional counselor, psychologist, psychiatrist or therapist?

yes no. If yes, please explain: _____

Does your child have any special health needs that may limit participation in all school activities and particularly physical education? yes no. If yes, please explain (you can use a separate sheet of paper):

SCHOOL/CHILDCARE INFORMATION

Is your child currently enrolled in a child/daycare/home daycare facility? yes no. If yes:

Facility name & address: _____

Dates of enrollment: _____

Program attended (# days/week, # hours/day): _____

If no, who takes care of your child? _____

PLANNING AHEAD

School(s) scheduled for Kindergarten or 1st grade _____

WHAT FMS PROGRAM(S) ARE YOU INTERESTED IN APPLYING? (you can check up to 2 choices, #1 being most desired)

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 5 days/week | <input type="checkbox"/> 9 am to 3 pm | <input type="checkbox"/> 9 am to 5:30 pm |
| <input type="checkbox"/> 3 days/week | <input type="checkbox"/> 9 am to 3 pm | <input type="checkbox"/> 9 am to 5:30 pm |
| <input type="checkbox"/> 2 days/week | <input type="checkbox"/> 9 am to 3 pm | <input type="checkbox"/> 9 am to 5:30 pm |

OPTIONAL SCHOOL LUNCH

FMS offers a catered lunch program, which also includes 1 afternoon snack. Are you interested in signing up your child?

yes no I would like to think about it.

PARENT DIRECTORY

Do you wish your information (name, address, phone and email) to be published in the 2012-2013 School's Directory? The Directory is distributed to all FMS families in order to facilitate communication among them.

- | | | |
|--|--|---|
| <input type="checkbox"/> yes, please list all info. phones. | <input type="checkbox"/> yes, please list names and emails. | <input type="checkbox"/> yes, please list names and phones. |
| <input type="checkbox"/> yes, please list names and address. | <input type="checkbox"/> no, please do not list our family in the Directory. | |

I hereby apply for admission to FMS for my child for the school year beginning September 2012 and ending June 2013. I/we certify that the information on this application is correct and complete. I agree to pay a non refundable application fee of \$ 60.00 upon submitting this application.

Parent 1 Signature _____ ***Date*** _____

Parent 2 Signature _____ ***Date*** _____

Return application by mail on or before February 1, 2012 for full consideration.



THE FRENCH MATERNAL SCHOOL
a school where children are educated and nurtured in French

TEACHER RECOMMENDATION FORM

For Students Applying to pre-K and Kindergarten
(To be completed by Teacher/Caregiver/Instructor/Director)

Who is eligible to complete this form? Your child's teacher, caregiver or instructor. The child must be enrolled at least 3 hours per week in a childcare/home childcare/playgroup/cooperative/class. Nannies and Aupairs are not eligible to complete the form.

Please submit this form to a teacher/Caregiver/Instructor/Director of the facility your child is currently enrolled.

To be completed by Parent/Guardian

I/we understand that we may not look at this evaluation and assure the person completing this form and the school that we will not try to do so. We give permission for the facility to release the information on this form to the school to which we are applying for admission. We understand that as parents **we will not have access to this confidential information and that it will not become part of our child's permanent school record.**

First parent/guardian signature _____ date: _____

Print Name:

Second parent/guardian signature _____ date: _____

Print Name:

School/Program child currently attends _____

Type of program (daycare, playgroup, etc.): _____

How many days per week is the child enrolled at this program? _____

How many hours per day is the child enrolled at this program? _____

Address: _____

Phone Number: _____

To be completed by Teacher/Caregiver

Your Name and Position _____

How long have you known/taught this child? From _____ to _____

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD:

- | | |
|---|--|
| <input type="checkbox"/> Enjoys large motor activities | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Enjoys small motor activities | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Positive member of the classroom | <input type="checkbox"/> Positive interaction with peers |
| <input type="checkbox"/> Responsive to classroom limits | <input type="checkbox"/> Positive interaction with adults/teachers |
| <input type="checkbox"/> Responsive to teacher directions | <input type="checkbox"/> Aware of other's needs |
| <input type="checkbox"/> Goes with the flow | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Physically hurtful when frustrated |
| <input type="checkbox"/> Resilient | <input type="checkbox"/> Enthusiastic about learning |
| <input type="checkbox"/> Short tempered | <input type="checkbox"/> Can't sit still |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Hits or bites |
| <input type="checkbox"/> Observer | <input type="checkbox"/> Slow to warm up |

| | ALWAYS | OFTEN | SOMETIMES | NEVER |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| SOCIAL & EMOTIONAL DEVELOPMENT | | | | |
| Cooperates in play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows problem-solving abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can be a friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is comfortable with adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds well to feedback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is curious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays alone happily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoys a new challenge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is willing to try new things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transitions well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shares well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds positively to re-direction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits sense of humor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displays self-control in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displays self-control on playground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What frustrates this child? | _____ | | | |

| | ALWAYS | OFTEN | SOMETIMES | NEVER |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| PHYSICAL DEVELOPMENT | | | | |
| Displays gross motor coordination (running, skipping, jumping, throwing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRE-ACADEMIC DEVELOPMENT | | | | |
| Displays fine motor coordination (cutting, pasting, coloring, tracing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is attentive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listens in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses material purposefully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focuses on work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | ALWAYS | OFTEN | SOMETIMES | NEVER |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Eager to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practices and shares self-expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoys singing, rhythm, movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses him/herself effectively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LANGUAGE DEVELOPMENT

- Displays speech development (articulation)
- Displays speech development in two languages

Please describe the child's ability to perform in an group atmosphere.

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

Personal Characteristics: Please describe the child and include comments on the child's personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information you think might be helpful. Please use a separate sheet of paper for further comments in any category, if needed.

Have parents/guardians fulfilled their financial commitment to the institution?

- yes no

Has the family cooperated with your school's rules?

- always sometimes rarely

Signature _____ Date _____

Your name (please print) _____

Please mail to:

**The French Maternal School
3115 P Street NW
Washington, DC 20007**