

Mail application with a \$100 check before  
February 1, 2019 to:

THE FRENCH MATERNAL SCHOOL  
3224 N Street NW  
Washington, DC 20007



## 2019 - 2020 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 Full Name: \_\_\_\_\_

Date of birth (month first): \_\_\_\_\_ Place of Birth/Country: \_\_\_\_\_  Male  Female

Age of child on 9/1/2018: \_\_\_\_\_ years and \_\_\_\_\_ months.

Allergies/Medical Condition(s): \_\_\_\_\_

### PARENTS INFORMATION

Married

Separated

Divorced

Other

Parent/Guardian 1's name:	Parent/Guardian 2's name:
Email you would like FMS to use for all communication:	Email you would like FMS to use for all communication:
Address:	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:

**INTERNATIONAL AND OUT-OF-TOWN APPLICANTS** If you currently live abroad or are relocating in the DC area, please write the date you will be moving to Washington (if uncertain, please write the approximate date) and the reason (job, family, etc.). Please also write any other information relevant to your child's application (temporary childcare arrangement, housing situation, etc.).

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

Name, Age and School:

Sibling #1: \_\_\_\_\_

Sibling #2: \_\_\_\_\_

**LINGUISTIC INFORMATION**

Native tongue of parent/guardian 1: \_\_\_\_\_ Native tongue of parent/guardian 2: \_\_\_\_\_

Language(s) spoken by parent 1: \_\_\_\_\_ by parent 2: \_\_\_\_\_

Language(s) spoken by parent 1 to the child: \_\_\_\_\_ by parent 2: \_\_\_\_\_

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

Language(s) spoken by the child by level of fluency: \_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about our school?

Online Search

Referral from current FMS family. Name of family: \_\_\_\_\_

Other: \_\_\_\_\_



**PLEASE SELECT:**

**FOR WHICH FMS GRADE WOULD YOU LIKE TO APPLY?**

- TOUTE PETITE SECTION/NURSERY PROGRAM (TPS – child must be 2 by 9/1/2019)
- PETITE SECTION/PRESCHOOL YEAR 1 PROGRAM (PS – child must be 3 by 12/31/2019 and potty-trained)
- MOYENNE SECTION/PRESCHOOL YEAR 2 PROGRAM (MS – child must be 4 by 12/31/2019)
- GRANDE SECTION/KINDERGARTEN PROGRAM (GS – child must be 5 by 12/31/2019)

**FOR WHICH FMS PROGRAM WOULD YOU LIKE TO APPLY?**

- 5 DAYS PER WEEK (9am-3pm)
- 3 DAYS PER WEEK (9am-3pm)- only available for children 2 or 2 ½ by 9/1
- 2 DAYS PER WEEK (9am-3pm) – only available for children 1 or 2 ½ by 9/1

**AFTERCARE AND LUNCH OPTIONS**

- AFTERCARE (3PM-5:30) 5 DAYS PER WEEK
- AFTERCARE (3PM-5:30) 3 DAYS PER WEEK
- AFTERCARE (3PM-5:30) 2 DAYS PER WEEK
- HOT LUNCH 5 DAYS PER WEEK
- HOT LUNCH 3 DAYS PER WEEK
- HOT LUNCH 2 DAYS PER WEEK

**PARENT DIRECTORY**

Do you wish your information (name and email) to be published in the 2019-2020 School's Directory? The Directory is distributed to all FMS families in order to facilitate communication among them (ex: birthdays, play dates, carpooling). Our Parents Association will also use your emails to send you news and events.

- YES, please list names and emails.                       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 2019. I/we certify that the information on this application is correct and complete. I agree to pay a non refundable application fee of \$ 100.00 upon submitting this application.***

***Parent 1 Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Parent 2 Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

**Return your application and \$100 application check by mail on or before February 1, 2019 for full consideration.**