

Mail application with a \$100 check before
February 1, 2020 to:

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



2020 - 2021 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: _____ O Male O Female

Age of child on 9/1/2019: _____ 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.).

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 applying to TPS
- 2 DAYS PER WEEK (9am-3pm) – only available for children applying to TPS and exposed to French

AFTERCARE AND LUNCH OPTIONS

- AFTERCARE (3PM-5:30) 5 DAYS PER WEEK – not available to applicants to TPS
- AFTERCARE (3PM-5:30) 3 DAYS PER WEEK – not available to applicants to TPS
- AFTERCARE (3PM-5:30) 2 DAYS PER WEEK – not available to applicants to TPS
- 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 2020. 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, 2020 for full consideration.