

Email the application to
ppacot@frenchmaternalschool.com.
 Upon receipt, you will receive a phone
 call to provide your credit card info to
 charge the \$100 application fees.
 Merci!



2024 - 2025 APPLICATION FOR ADMISSION

PHOTO

Please attach a photo
 of your child to your
 email

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 9/1/2024 : _____ 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:
Cell phone Carrier (for our App):	Cell phone Carrier (for our App):
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: _____

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 for this student at FMS? ☐ yes ☐ no If yes, when?

Has applicant attended our summer school? ☐ yes ☐ no What year?

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 school or daycare facility? If yes, please complete:

Facility's name: _____

Facility's Address: _____

Facility's Phone number: _____ Dates of enrollment: from _____ to _____

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

If your child is not enrolled in a school or day care, who takes care of him/her? _____

PLANNING AHEAD

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

PLEASE SELECT:

FOR WHICH FMS GRADE WOULD YOU LIKE TO APPLY?

- ☐ TOUTE PETITE SECTION/NURSERY PROGRAM (TPS – child must be 2 by 9/1/2024)
- ☐ PETITE SECTION/PRESCHOOL YEAR 1 PROGRAM (PS – child must be 3 by 12/31/2024 and potty-trained)
- ☐ MOYENNE SECTION/PRESCHOOL YEAR 2 PROGRAM (MS – child must be 4 by 12/31/24 for MS2 or 9/1/24 for MS1)
- ☐ GRANDE SECTION/KINDERGARTEN PROGRAM (GS – child must be 5 by 12/31/2024)

All programs are 5 days per week.

AFTERCARE OPTION

Only children age 2.6 and up are eligible for aftercare. TPS (2s class) applicants are not eligible due to their young age and specific needs.

- ☐ AFTERCARE (3PM-5:00 PM) 5 DAYS PER WEEK
- ☐ AFTERCARE (3PM - 5:00PM) 3 DAYS PER WEEK
- ☐ AFTERCARE (3PM - 5:00PM) 2 DAYS PER WEEK

PARENT DIRECTORY

Do you wish your information (name and email) to be published in the 2024-2025 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 2024. I/we certify that the information on this application is correct and complete. I agree to pay a non refundable application fee of \$100 upon submitting this application.

credit card number:

expiration date:

Name:

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

Email your application + a recent photo of your child to the Director ppacot@frenchmaternalschool.com on or before **January 31, 2024** for full consideration.

Thanks for applying to FMS!