

EDUCATION FOR PEACE

East Bay Montessori

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Name of Child: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Child's Sex on Birth Certificate: _____ Gender Identity: _____

Primary Language: _____ Other Language(s) Spoken: _____

FAMILY INFORMATION

Parent/Guardian I

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Email: _____

Place of Employment/Occupation: _____

Job Title: _____

Parent/Guardian II

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Email: _____

Place of Employment/Occupation: _____

Job Title: _____

Check Which Applies: ☐ Parents Together ☐ Parents Separated ☐ Parents Divorced ☐ Single Parent

With whom is child living? _____ Who is legal guardian? _____

Is the child regularly cared for by anyone other than parents? If so, by whom?

Other Children in Family:

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

YEAR & CLASSROOM

Applying for Academic Year: ☐ 2026-2027 ☐ 2027-2028 ☐ 2028-2029

☐ Kindergarten Bridge (4 - 6 yrs) ☐ Lower Elementary (6 - 9 yrs) ☐

Upper Elementary (9 - 12 yrs) ☐ Middle School (12 - 14 yrs) ☐

Do you anticipate needing Afterschool care? ☐ Yes ☐ No

☐ Afterschool (3:15 pm - 6:00 pm)

OTHER SCHOOL(S) ATTENDED BY APPLICANT (INCLUDING CURRENT SCHOOL)

Name	Address	Program or Grade(s) / Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

What grade is your child in currently? (If applicable) _____

FINANCIAL INFORMATION

Tuition assistance is awarded to families based on financial need. Financial aid amounts are determined in a process separate from admissions. To apply for financial aid, please visit the Financial Aid tab on our website.

Who is financially responsible for this applicant? _____

OTHER INFORMATION

Name of relatives or friends who referred you to EBM: _____

How did you hear about EBM? ☐ Print ad ☐ Berkeley Parents Network ☐ EBM website
☐ Word of mouth ☐ EBM parent/staff ☐ Internet search
☐ Other: _____

Please return this application, a small photo of your child (optional), and your non-refundable \$85.00 application fee. The fee can be paid via PayPal using payments@eastbaymontessori.org. Checks should be made payable to East Bay Montessori.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

East Bay Montessori is committed to providing an open, fair, inclusive, non-discriminatory environment for all individuals across differences of race, religion, sexual orientation, gender identity, national origin, socio-economic status, ethnicity, age, physical ability, or medical condition. We seek to increase the presence, representation, and inclusion of U.S. historically under-represented people of color, bilingual and bicultural students, faculty, and staff; and, to provide an environment that supports individuals identified as lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual (LGBTQQIA+). EBM does not discriminate on the basis of any of the above in the administration of its educational policies, admissions policies, financial policies, or other school-administered programs.

OFFICE USE ONLY

Date Applied _____ Fee Received _____ Check # _____

Student Visit Date/Time _____ Class _____

☐ Required Second Visit

☐ Accepted

☐ WP

☐ Not Accepted