

Montessori on the Lake  
International Students  
Application for Admission (I-20 students)  
*Montessori on the Lake*

Please fill out the application. If you have any questions please contact our International Student Director, Barbara Dangond by e-mail: [bdangond@montessorionthelake.com](mailto:bdangond@montessorionthelake.com).

*Tuition: The yearly tuition for the 2020/21 school year for students attending MOTL on an I-20 is \$20,000/academic year (\$2200/month). Living expenses for students in homestay is \$15,000 for 10 months (\$1500/month).*

**Visa Information:**

Do you currently have a United States Visa? \_\_\_\_\_ What type of Visa? \_\_\_\_\_  
Issue Date \_\_\_\_\_ Expiration \_\_\_\_\_  
Do you have a current I-20? \_\_\_\_\_ Issued by which U.S. School \_\_\_\_\_

**Basic Information:**

Student's surname (family name) as it appears on passport:

\_\_\_\_\_

Student's first and middle name as it appears on passport:

\_\_\_\_\_

Name that student prefers to be called: \_\_\_\_\_

Gender of students (male or female): \_\_\_\_\_

Country of Nationality: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Address in home country:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passport #: \_\_\_\_\_

Country issuing passport: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_

Birthdate of student (mm/dd/yyyy): \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Mother's phone number: \_\_\_\_\_

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Father's name: \_\_\_\_\_

Father's email address: \_\_\_\_\_

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Father's phone number: \_\_\_\_\_

List sibling(s) and their age(s): \_\_\_\_\_

**Academic Information:**

Student's current grade (level) in school: \_\_\_\_\_

Name of student's current school in home country: \_\_\_\_\_

Address of student's current school: \_\_\_\_\_

Grade (level) that student would enter at Montessori on the Lake: \_\_\_\_\_

Term for which student is applying: Fall (September) or Spring (January): \_\_\_\_\_

How long would student plan to attend Montessori on the Lake: \_\_\_\_\_

Number of years of English instruction the student has had: \_\_\_\_\_

Describe your child's academic strengths and subject preferences: \_\_\_\_\_

Does your child have any clinically diagnosed learning differences? \_\_\_\_\_

Has additional tutoring or counseling been suggested for your child? \_\_\_\_\_

If you have any academic concerns, what are they? \_\_\_\_\_

**Extra-curricular activities:**

List any sports/activities that your child is involved in: \_\_\_\_\_

Does your child play an instrument or participate in choral activities? If yes, which instrument?

\_\_\_\_\_

**Medical Information:**

Does the student have any food allergies? If yes, explain:

\_\_\_\_\_

Does the student have any allergies to medication? If yes, explain:

\_\_\_\_\_

List any major illnesses in the last year: \_\_\_\_\_



**Living Accommodation:**

Would you like assistance in finding a home stay family for the student (yes/no): \_\_\_\_\_

*If you already have a living arrangement for the student, please answer the following:*

Address where student would live: \_\_\_\_\_

Name of host parent(s): \_\_\_\_\_

Phone number of host parent(s): \_\_\_\_\_

E-mail of host parent(s): \_\_\_\_\_

**Consent for Medical Treatment (please read and sign below):**

As the parent or legal guardian, I hereby give consent to Montessori on the Lake to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S). This care may be given under whatever conditions necessary to preserve life, limb or well-being of my dependent.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Consent to attend Field trips (please read and sign below):**

My child, \_\_\_\_\_, has my permission to attend the school sponsored field trips. All excursions will be supervised by teachers from Montessori on the Lake staff. The children will be driven to and from the field trip site by teachers with valid drivers' licenses in insured school vehicles with seat belts fastened and appropriate booster seats if applicable. Parent volunteers may also have permission to transport students to field trips in insured private vehicles if applicable. Walking field trips will also be supervised by the staff. Parents will be notified prior to each field trip either by e-mail or written memo.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**GRANT or DECLINE Permission to use your Child's Photo/Image, Audio and Video (please read and sign below)**

I, \_\_\_\_\_, (Please print Parent/Guardian's name) GRANT or DECLINE **(Circle one)** permission for Environments for Learning, Inc. DBA Montessori on the Lake, Apple Tree Montessori and Sunflower Montessori schools to publish photos/images, audio and video of my child(ren) listed above on school websites, in promotional materials and websites. Examples of this use would be school

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yearbooks, newsletters, brochures, advertisements, posters, and school authorized websites. It is school policy that children in photos and video on public websites NOT be identified by name and/or any other personally identifiable information. *At any time, you may give notice to the School Director that you object to any particular picture on a website, and it will be removed as soon as possible.* I further state that I have the right to give this permission, as I am the child's parent or legal guardian.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

***In addition to this application, please e-mail the following forms to Barbie Dangond, Director of International Students: [bdangond@montessorionthelake.com](mailto:bdangond@montessorionthelake.com).***

1. Academic records and/or progress reports for the past 2 years.
2. Bank statements showing the equivalent of at least \$35,000 USD as proof of ability to pay tuition and living expenses.
3. Immunization Records