



Date Received ___/___/___

Cash Check # _____

Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

APPLICATION FOR ADMISSION

CHILD'S NAME: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED)

DATE OF BIRTH: ___/___/___ MALE FEMALE REQUESTED START DATE: ___/___ (MONTH / YEAR)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PRIMARY PHONE: _____ PRIMARY EMAIL: _____

IS THERE ANY LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME, AND TO WHAT EXTENT? _____

PARENT / GUARDIAN INFORMATION

RELATION TO CHILD: _____

RELATION TO CHILD: _____

(FIRST) (LAST)

(FIRST) (LAST)

ADDRESS: _____
(IF DIFFERENT FROM CHILD)

ADDRESS: _____
(IF DIFFERENT FROM CHILD)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

PRIMARY PHONE: _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

EMAIL: _____

EMPLOYER: _____

EMPLOYER: _____

POSITION / OCCUPATION: _____

POSITION / OCCUPATION: _____

WORK PHONE: _____

WORK PHONE: _____

SPECIAL INTEREST/EXPERTISE: _____

SPECIAL INTEREST/EXPERTISE: _____

STUDENT LIVES WITH (Circle all that apply):

- Father
- Fathers
- Stepfather
- Grandparent(s)
- Mother
- Mothers
- Stepmother
- Guardian/Other Relative

(Circle all that apply)

- Student adopted
- Adoption in Progress
- Mother Deceased
- Father Deceased
- Mother remarried
- Father remarried
- Parents separated
- Parents divorced
- Custodial Mother
- Custodial Father
- Joint Custody
- Single Parent

SIBLING INFORMATION

NAME	AGE	GRADE	PRESENT SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____

*Siblings of current HMS students will be considered for enrollment priority.

PROGRAM REQUESTED

CHILD'S AGE AT START DATE: _____ / _____ (YEARS / MONTH)

CHOOSE PROGRAM DESIRED:

TODDLER (18 mth - 3 yr) Programs: Morning (2, 3, 5 days) / Full day (5 days) (No Aftercare available)

 MORNING-8:30 to 11:30

 FULL DAY-8:30 to 3:15 (2:15 Friday)

 Thursday, Friday(2-day)

 Monday – Friday
(Full 5-day, no Aftercare available)

 Monday, Tuesday, Wednesday(3-day)

 Monday – Friday(5-day)

 Lunch Bunch (11:30 am-12 pm) based on availability

PRESCHOOL

 Half Day Preschool-8:30 to 12:00

 Lunch Bunch-12:00 to 1:00

 Full Day Preschool-8:30 to 3:15 (2:15 Friday)

KINDERGARTEN –8:30-3:15 (2:15 Friday)

 Full Day Kindergarten

LOWER ELEMENTARY SCHOOL–8:30-3:15 (2:15 Friday)

 Grade 1

 Grade 2

 Grade 3

UPPER ELEMENTARY SCHOOL–8:30-3:15 (2:15 Friday)

 Grade 4

 Grade 5

 Grade 6

MIDDLE SCHOOL–8:30-3:15 (2:15 Friday)

 Grade 7

 Grade 8

ADDITIONAL OPTIONS (check if needed routinely)

 Early Care (7:00 AM – 8:30 AM)

 Early Drop-Off (8:00 AM – 8:30 AM)

 After Care (3:45 PM – 5:30 PM)
(2:45 PM – 5:30 PM on Fridays)
Available for Preschool-8th grade only

 Late Pick-Up (3:15 PM – 3:45 PM)
(2:15 PM – 2:45 PM on Fridays)
Available for Preschool-8th grade only

In our commitment to embrace diversity, Hilltop's enrollment is open to all children and their families without regard to race, color, religion, creed, gender, disability or national origin. Hilltop is also non-denominational and works toward the goal of having each child celebrated for their own unique traditions, culture and religion.

SCHOOL / ACADEMIC INFORMATION

Please list all daycare(s)/school(s) attended by your child for the past three years, including the current year. Children who are transferring from another Montessori program and siblings of current students will be considered for enrollment priority.

NAME OF SCHOOL	CITY / PHONE	YEAR(S) ATTENDED	GRADE(S)	TEACHER

TEACHER INFORMATION FORMS WILL BE FILLED OUT BY (Include teacher name / name of school):

GRADES PRE K—5: Current Teacher _____

GRADES 6—8: Current English Teacher _____

GRADES 6—8: Current Math Teacher _____

All teacher information forms are confidential and should be mailed directly to Hilltop Montessori School by the teachers completing the forms.

PARENT QUESTIONNAIRE

DESCRIBE YOUR CHILD'S STRENGTHS, CHALLENGES, AND LEARNING STYLE:

WHAT ARE YOUR GOALS FOR YOUR CHILD AT HILLTOP MONTESSORI SCHOOL?:

WERE YOU DISSATISFIED WITH YOUR CHILD'S PREVIOUS SCHOOL EXPERIENCE? PLEASE EXPLAIN:

DOES YOUR CHILD HAVE CHARACTERISTICS WHERE SPECIAL ACCOMMODATIONS MAY BE APPROPRIATE (DIETARY NEEDS, FOOD ALLERGIES, BEHAVIORAL CONCERNS, HEALTH / PHYSICAL LIMITATIONS OR LEARNING DIFFERENCES)? ARE THERE AREAS WHERE YOUR CHILD MAY HAVE EXCEPTIONAL STRENGTHS, CHALLENGES OR DELAYS? PLEASE ELABORATE:

HAS YOUR CHILD EVER RECEIVED OR BEEN RECOMMENDED FOR PSYCHOLOGICAL OR EDUCATIONAL TESTING? PLEASE EXPLAIN TESTING DATES AND NAMES OF SPECIALISTS WHO CONDUCTED THE TESTING:

ADDITIONAL INFORMATION AND OBSERVATIONS ABOUT YOUR CHILD WHICH MIGHT HELP US GET TO KNOW HIM / HER BETTER. SPECIAL INTERESTS / ABILITIES, AWARDS / ACHIEVEMENTS, SOCIAL RELATIONS WITH SIBLINGS / OTHER CHILDREN OR HOW THEY HANDLE TRANSITIONS / NEW SITUATIONS, ETC.:

DO YOU WISH TO BE CONSIDERED FOR NEED-BASED FINANCIAL AID? YES NO

Families interested in being considered for financial aid should contact the School Office to learn about deadlines and application procedures. Financial aid is granted on an annual basis prior to the upcoming academic school year.

I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE ____/____/____

*PLEASE ATTACH A \$100 NON-REFUNDABLE APPLICATION PROCESSING FEE THAT INCLUDES THE OBSERVATION AND EVALUATION OF YOUR CHILD IN THE MONTESSORI ENVIRONMENT.

I HEARD ABOUT HILLTOP MONTESSORI SCHOOL THROUGH:

Print Ad Social Media HMS Parent Website Other _____



Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

NEXT STEPS FOR YOUR CHILD'S APPLICATION

ALL FAMILIES MUST PARTICIPATE IN A TOUR WITH A MEMBER OF OUR ADMINISTRATIVE TEAM.

FOLLOWING THE TOUR:

TODDLER APPLICANTS (AGE 18 MTH-3):

- Complete and return the Application for Admission
- Submit the appropriate development profile form
- Contact the School Office to arrange a student visit (typically 1 hour)

PRESCHOOL APPLICANTS (AGE 3-5):

- Complete and return the Application for Admission
- Submit the appropriate development profile form
- Contact the School Office to arrange a student visit (typically for a work cycle)

KINDERGARTEN APPLICANTS (AGE 5 BY SEPTEMBER 1ST)

- Complete and return the Application for Admission
- Send the K-1 Teacher Recommendation Form to one or two of your child's current teachers
- Contact the School Office to arrange a student visit (typically one day)

1ST GRADE APPLICANTS:

- Complete and return the Application for Admission
- Submit the enclosed Student Information Form
- Send the K-1 grade Teacher Recommendation Form to one or two of your child's current teachers
- Sign and send the Request For School Information Form to your child's current school
- Contact the School Office to arrange a student visit (typically 3 consecutive school days)

2ND – 8TH GRADE APPLICANTS

- Complete and return the Application for Admission
- Submit the enclosed Student Information Form
- Send the 2nd-8th grade Teacher Recommendation Form to one or two of your child's current teachers
- Sign and send the Request For School Information Form to your child's current school
- Contact the school office to arrange a student visit (typically 3 consecutive school days)



Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

STUDENT INFORMATION FORM

FOR STUDENTS APPLYING FOR A POSITION IN 1ST-8TH GRADES
PLEASE HAVE APPLYING STUDENT COMPLETE THIS FORM IN HIS / HER OWN HANDWRITING.

NAME OF STUDENT _____

APPLYING FOR _____ FOR THE 20____ SCHOOL YEAR.
(GRADE) (YEAR)

INTERESTS (List some of your interests and indicate your level of involvement):

Interest	Occasionally	Regular basis	Enjoy a lot

PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER AND ANSWER THE FOLLOWING QUESTIONS:
(PARENTS OF 1ST GRADE APPLICANTS MAY INCLUDE ANSWERS DICTATED BY THEIR CHILD)

1. Name a book that you have enjoyed this year and tell us why.
2. What do you want to do, be, or learn in the next few years?
3. What qualities do you look for in a friend?
4. List three adjectives that best describe you as a person and why.
5. Describe someone or something that is important in your life.

SIGNATURE _____ DATE _____



Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

REQUEST FOR STUDENT INFORMATION

The student listed below is being considered for enrollment at Hilltop Montessori School.

Please send us a copy of all
grade reports,
subjects taken,
teacher evaluations,
standardized, educational, or other diagnostic testing results,
and any other information you believe would be of assistance to us.

Student Name: _____ Date of Birth: _____

Thank you for your cooperation.

Sincerely,

Michele Wilensky, Head of School
Hilltop Montessori School
6 Abbott Square
Birmingham, AL 35242
(205)437-9343
hms@hilltopmontessori.com

Request submitted to:

(SCHOOL NAME)

(ADDRESS)

(CITY) (STATE) (ZIP)

I give my permission for the school listed above to release all requested paperwork to Hilltop Montessori School.

Parent Signature _____ Date _____



TODAY'S DATE ___/___/___

Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

TODDLER DEVELOPMENT FORM

Child's Name: _____ Date of Birth ___/___/___ M or F
LAST FIRST MIDDLE

Physical Development

Birth: Term _____ Premature (how many weeks?) _____ Adopted _____

Trauma at Birth _____ Early Illness or Medical Complications _____

Crawled _____ (months) Walked _____ (months)

Puts Objects in Mouth: Yes _____ No _____

Does your child wear: Diapers _____ Pull-ups _____ Underwear _____

Toilet Training (please describe) _____

Describe your child's eating habits: (any special dietary needs, picky eater, avoids certain textures, etc.) _____

Does your child feed him/herself? Yes _____ No _____ Sometimes _____

Sleeping Habits: _____ Falls Asleep Easily _____ Falls Asleep with Difficulty
_____ Difficulty Waking _____ difficulty Sleeping Through the Night

Describe current napping schedule/routine _____

Does your child fall asleep on his/her own? Yes _____ No _____ Sometimes _____

Check any that pertain to your child:

Allergies _____ List _____

Medications _____ List _____

Seizures _____ Asthma _____ Colic _____ Stomach aches _____ Ear Infections _____ Eye Problems _____

Please describe _____

Has your child ever had an accident where he/she was unconscious? Yes _____ No _____

Other medical conditions or incidents: _____

For children 24-36 months:

Does your child walk up and down stairs using the handrail? Yes _____ No _____

Does your child jump with feet together lifting both feet off the ground? Yes _____ No _____

Behavior

Do you have any concerns about your child's behavior? (cries a lot, frightened easily, activity level, particular behaviors, etc.) _____

When frustrated, does your child:

Give up _____ Get mad _____ Ask for help _____ Other, please explain _____

Does your child approach new experiences/situations: Easily_____ Cautiously_____ Anxiously_____

Does your child have any fears? No_____ Yes_____ Explain_____

Does your child carry a security item?_____

Please check any of the following that describe your child:

Gets along better with older children_____ Gets along better with younger children_____ Enjoys repeating a familiar task often_____
Enjoys watching others do tasks_____ Stays busy with self-directed activities_____ Enjoys being challenged by difficult tasks_____

What activities does your child enjoy?_____

Touch: Is your child bothered when his/her clothes or hands are wet or dirty?_____

Sound: Is your child bothered by loud noises (vacuum cleaner, shouting, loud music, etc.)?_____

How often is your child around other children his/her own age?_____

Who, besides yourself, is entrusted with the care of your child and what does your child call them?_____

What is your child's reaction when exposed to groups (parties, crowded places, etc.)?_____

Is your child involved in any activities outside of school?_____

Where will your child spend non-school hours?_____

Language Development

Does your child speak: a lot_____ occasionally_____ rarely or never_____

Named Objects_____ (months) Formed Sentences_____ (months)

Approximately how many words does your child use?_____

Can you easily understand your child's speech? Yes_____ No_____

Can other adults easily understand your child's speech? Yes_____ No_____

Do you have any concerns about your child's speech or language development?_____

What is your child's primary language?_____

If not English, does your child understand English? Not at all_____ Some words_____ Understands very well_____

To communicate needs and wants, is your child most likely to use: Gestures_____ Words_____ Phrases_____ Crying_____ Sign Language_____

Parenting

Has your child ever been with a babysitter or in group care away from you? No_____ Yes_____ (describe)_____

How does he/she behave with siblings?_____

What do you find to be the most effective form of discipline for your child?_____

Please list any discipline issues your child may be experiencing:_____

How is the issue being handled?_____

How much television, computer or hand held device screen time is your child exposed to?_____ (hours per day)

How much time does your child spend outside?_____ (hours per day)



Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

3-5 YEAR OLD DEVELOPMENT FORM

Child's Name: _____ Date of Birth ___/___/___ M or F
LAST FIRST MIDDLE

Physical Development

Birth: Term _____ Premature (how many weeks?) _____ Adopted _____

Trauma at Birth _____ Early Illness or Medical Complications _____

Does your child wear: Diapers _____ Pull-ups _____ Underwear _____

Toilet Routine (please describe) _____

Describe your child's eating habits: (any special dietary needs, picky eater, avoids certain textures, etc.) _____

Describe current napping schedule/routine _____

Check all that pertain to your child:

Allergies _____ List _____

Medications _____ List _____

Seizures _____ Asthma _____ Colic _____ Stomach aches _____ Ear Infections _____ Eye Problems _____

Please describe _____

Has your child ever had an accident where he/she was unconscious? Yes _____ No _____

Other medical conditions or incidents: _____

Gross Motor Development: (check all that pertain)

Climbs stairs _____ Runs _____ Jumps _____ Skips _____

Fine Motor Development: (check all that pertain)

Make marks on paper _____ Draw recognizable shapes/objects _____ Write letters of the alphabet _____ Writes first name _____ Last name _____

Hand dominance: My child usually holds a pencil with left hand _____ or right hand _____.

Behavior

Do you have any concerns about your child's behavior? (cries a lot, frightened easily, activity level, particular behaviors, etc.) _____

When frustrated, does your child:

Give up _____ Get mad _____ Ask for help _____ Other, please explain _____

Does your child approach new experiences/situations: Easily _____ Cautiously _____ Anxiously _____

Does your child have any fears? No _____ Yes _____ Explain _____

Does your child carry a security item? _____

Please check any of the following that describe your child:

Gets along better with older children _____ Gets along better with younger children _____ Enjoys repeating a familiar task often _____
Enjoys watching others do tasks _____ Stays busy with self-directed activities _____ Enjoys being challenged by difficult tasks _____
Follows two step directions to complete a task _____

What activities does your child enjoy? _____

Touch: Is your child bothered when his/her clothes or hands are wet or dirty? _____

Sound: Is your child bothered by loud noises (vacuum cleaner, shouting, loud music, etc.)? _____

How often is your child around other children his/her own age? _____

Who, besides yourself, is entrusted with the care of your child and what does your child call them? _____

What is your child's reaction when exposed to groups (parties, crowded places, etc.)? _____

Is your child involved in any activities outside of school? _____

Where will your child spend non-school hours? _____

Language Development

Does your child speak a lot _____ occasionally _____ rarely or never _____

Does your child form sentences using 3-5 words? _____

Can you easily understand your child's speech? Yes _____ No _____

Can other adults easily understand your child's speech? Yes _____ No _____

Do you have any concerns about your child's speech or language development? _____

What is your child's primary language? _____

If not English, does your child understand English? Not at all _____ Some words _____ Understands very well _____

To communicate needs and wants, is your child most likely to use: Gestures _____ Words _____ Phrases _____ Crying _____ Sign Language _____

Parenting

Has your child ever been with a babysitter or in group care away from you? No _____ Yes _____ (describe) _____

How does he/she behave with siblings? _____

What do you find to be the most effective form of discipline for your child? _____

Please list any discipline issues your child may be experiencing: _____

How is the issue being handled? _____

How much television, computer or hand held device screen time is your child exposed to? _____ (hours per day)

How much time does your child spend outside? _____ (hours per day)



TODAY'S DATE ___/___/___

Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com /www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

K-1st TEACHER INFORMATION FORM

Students Name: _____ Return by: _____

The child named above is a candidate for admission to Hilltop Montessori School. We would appreciate your candid evaluation of this student in the areas below. The child's parents are aware that we request such an evaluation of this applicant and additionally have been informed that your comments will be held confidential. Please return this information form to the school office by the date above. Thank you for your time and effort.

Explanation
 S=Superior E=Excellent G=Good F=Fair P=Poor

Rate applicant on the following characteristics, if applicable:

SOCIAL SKILLS	S	E	G	F	P
Participates in group activities					
Enters new activities enthusiastically					
Respects feelings and property of others					
Responds to environment with minimal anxiety					
Expresses him/herself effectively					
Solves problems without verbal or physical aggressions					
Interacts well with peers in unstructured play					
Makes the transition easily from one activity to another					
Is able to wait his/her turn					
OVERALL SOCIAL PROFILE					

EMOTIONAL DEVELOPMENT	S	E	G	F	P
Separates easily from parents					
Requires minimal reassurance or attention from teacher					
Appears relaxed and open with others					
Is not overly fearful					
Is confident with peer relationships					
Stands up for his/her own rights					
Accepts limits imposed by adults					
Uses classroom materials responsibly					
Speaks or behaves with minimal impulsivity					
Self-monitors behavior					
OVERALL EMOTIONAL PROFILE					

EDUCATIONAL SKILLS	S	E	G	F	P
Follows directions					
Follows established classroom routines					
Attends to tasks					
Has appropriate listening skills					
Maintains attention in group					

CHARACTERIZE THIS CHILD'S	S	E	G	F	P
Large motor skills					
Small motor skills					
General knowledge					
Vocabulary development					
Speech articulation					

Please comment on this student's:

Preference for handedness: Right _____ Left _____ Not established _____

Can count to: _____ Can write name? _____ First _____ Last _____

Please comment on child's language development: _____

What are the child's:

Strengths: _____

Weaknesses: _____

Special Needs: _____

To your knowledge, has this student received any resources help, evaluation, or special services for either enrichment or remedial purposes?
No _____ Yes _____ specify _____

Recommended placement for next year: 4yr. _____ 5yr. _____ Pre-K _____ K _____ 1st _____

Have you shared this placement recommendation with the parents? No _____ Yes _____

I recommend this candidate: Enthusiastically _____ Confidently _____ With reservation _____ Do not recommend _____

ADDITIONAL REMARKS: _____

Teacher completing this form Print name: _____
Signature: _____
School: _____
Address: _____

Phone: _____

Please return completed forms to:

Hilltop Montessori School
6 Abbott Square
Birmingham, AL 35242



TODAY'S DATE ___/___/___

Hilltop Montessori school

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com /www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

2nd-8th TEACHER INFORMATION FORM

Student Name: _____ Return by: _____ - _____

The child named above is a candidate for admission to Hilltop Montessori School. We would appreciate your candid evaluation of this student in the areas below. The child's parents are aware that we request such an evaluation of this applicant and additionally have been informed that your comments will be held confidential. Please return this information form to the school office by the date above. Thank you for your time and effort.

Explanation
S=Superior E=Excellent G=Good F=Fair P=Poor

Rate applicant on the following characteristics, if applicable:

WORK HABITS AND ABILITIES	S	E	G	F	P
Follows directions					
Uses time wisely					
Accepts and completes independent work					
Attends school regularly					
Completes class work in reasonable amount of time					
Completes homework assignments					
Uses classroom materials responsibly					
Listens attentively					
Follows established classroom procedures					
Is enthusiastic about learning					
Shows organization and planning					
Recalls accurately					
Is dependable					
Accepts and follows through on suggestions for improvement					
Understands concepts/materials					

SOCIAL DEVELOPMENT	S	E	G	F	P
Works well in group activities					
Gets along well with peers					
Respects the rights of others					
Is honest					
Enters new activities enthusiastically					
Solves problems without verbal or physical aggressiveness					
Is cooperative with classmates and teachers					
Is dependable					
Shows leadership qualities					
Takes part in class discussions					
Interacts well with peers in structured activities					

PHYSICAL DEVELOPMENT	S	E	G	F	P
Has normal large motor control					
Has normal fine motor control					
Has visual perception appropriate for age					
Participates in active play sports or games					

EMOTIONAL DEVELOPMENT	S	E	G	F	P
Has a positive self-image					
Speaks or behaves with minimal impulsivity					
Accepts responsibility for own actions and mistakes					
Is secure and self-confident					
Self-monitors behavior					
Uses classroom materials responsibly					

Please comment on this student's:

Personality, interests and motivation: _____

Academic aptitude in relation to achievement: _____

Degree of parental involvement in students education: _____

Current instructional level: Reading: _____ Mathematics: _____

What are the student's:

Strengths: _____

Weaknesses: _____

Special Needs: _____

To your knowledge, has this student received any resources help, evaluation, or special services for either enrichment or remedial purposes?
 No _____ Yes _____ specify _____

I recommend this candidate: Enthusiastically _____ Confidently _____ With reservation _____ Do not recommend _____

ADDITIONAL REMARKS: _____

Teacher completing this form Print name: _____

Signature: _____

School: _____

Address: _____

Phone: _____

Please return completed forms to:

Hilltop Montessori School
6 Abbott Square
Birmingham, AL 35242



Hilltop Montessori School

6 Abbott Square / Birmingham, AL 35242 / (205)437-9343 / hms@hilltopmontessori.com / www.hilltopmontessori.com

Our mission is to provide quality Montessori education in an environment which fosters a child's love of learning and a respect for self, others, community and the world.

FINANCIAL AID INFORMATION

Keep in mind that while paying for a private school education seems like a tremendous commitment, there are many options available to make this dream a reality. As with other accredited, independent schools, Hilltop utilizes FACTS, which offers a no-interest payment plan on a 10-month schedule. Additionally, we partner with "Your Tuition Solution", which offers a payment plan that can be spread over 84 months at a low percentage rate. Tuition also covers all classroom supplies and a daily, nutritious snack for children under school age, which helps offset costs.

Hilltop Montessori School also offers financial assistance to needy families. Financial aid money is awarded on an annual basis and must be requested each year but consideration is given to families with multiple children, single parent households and extenuating circumstances. Our scholarship fund, named in honor of our founder Cindi Stehr, seeks to assist as many families as possible each year. We encourage each family in need to apply. Financial awards can be paired with FACTS or Your Tuition Solution payments to make monthly payments very affordable. It should also be noted that children under school age are eligible for tax benefits in households with two working parents so check with your tax professional for assistance with this matter.

Any family interested in seeking financial aid for the next academic year must let the business office know of their intentions in December of the current academic year. They should then complete and file an application with the office in January prior to the next academic year and then complete and file a School and Student Service for Financial Aid (SSS) Parents' Financial Statement to Education Testing Service by February 1. The school should also be sent a copy of the SSS statement, W2's for both parents and a letter noting how much is being requested. Monies are awarded in March for the following academic year.

Financial aid cannot be considered after these deadlines. All paperwork is due in the office by February 1 so that awards can be given by March 1. To apply for assistance, apply at ssbynais.org/parents (the school code is 1884) and complete a HMS application. Print your SSS financial aid application, submit your most recent income tax statement, a letter of need and mail all to our admissions office at hms@hilltopmontessori.com. We look forward to assisting you in making Montessori affordable.