



BLUESTEM

MONTESSORI ELEMENTARY

Enrollment Application 2024-2025

Please return to Bluestem Montessori Elementary School, 6300 A St. Lincoln NE 68510, along with a \$200 application fee.

Child's Name: _____ Name Used: _____

Date of Birth: _____ Grade for 2024-2025 Academic Year: _____ Pronouns: _____

Parent/Legal Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Zip: _____

Zip: _____

Phone Number: _____

Phone Number: _____

Secondary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Email Address: _____

Areas of Special Interest or Expertise:

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Bluestem Montessori Elementary School does not discriminate on the basis of race, color, religion, sexual orientation, gender identification, or national and ethnic origin.

Student Information

Siblings and ages: _____

Please list any previous Montessori experience for the child:

Please list previous school experience for the child:

Child's current school: _____

Child's home school district: _____

What approach to discipline do you use at home? _____

What activities does the child enjoy? _____

Does the child have any behavioral, social, or emotional concerns? _____

Why do you think Montessori education will be a good fit for your child?

For Office Use

Application:

Family Interview:

Child Interview:

Admitted Y/N: