



# Berkeley International Montessori School

1227 Bancroft Way Berkeley, California 94702 | 510.838.1815  
info@bimmontessori.com | bimmontessori.com



Please mail this application form with the non-refundable \$75 application fee to the address above.  
Checks should be made payable to AIM (American International Montessori), our sister school.

Child's Information			
First Name:		Middle:	Last:
Japanese Name/Kanji:		Date of Birth:	Gender: Toilet Training Status:
Desired Start Date:		School/Daycare Currently Attending:	
Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No Age:		Plans for Kindergarten Year:	
Prior Group Play Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Plans for Elementary Education:	

Target Language Goals (by end of 3 Year Cycle)		
<input type="checkbox"/> <b>Introductory Level</b> Basic cultural exposure and aural comprehension	<input type="checkbox"/> <b>Intermediate Level</b> Aural comprehension and intermediate speaking/ writing ability	<input type="checkbox"/> <b>Fluency</b> Able to understand, speak, read, and write at native level for age

Child's Residential Status	Desired School Schedule		Interest in Applying to AIM
<input type="checkbox"/> Lives with both parents <input type="checkbox"/> Shared custody of both parents <input type="checkbox"/> Lives with legal guardian(s): <input type="checkbox"/> Guardian #1 <input type="checkbox"/> Guardian #2	<input type="checkbox"/> Full Day 8am-3pm	<input type="checkbox"/> Extended Day 8am-6pm	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please forward a digital/scanned copy of this application to office@aimmontessori.com

Family Information	Primary Parent/Guardian	Secondary Parent/Guardian
First and Last Name		
Relationship to Child		
Home Address		
City, State, Zip Code		
Main Phone Number		
Other Phone Number		
Email Address		
Employer/Business Name		
Occupation/Profession		

How Did You Hear About BIM?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Web Search <input type="checkbox"/> Applied to AIM <input type="checkbox"/> Other:	
<input type="checkbox"/> Attended Open House When?:	<input type="checkbox"/> Referred by:



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## Additional Information

Allergies/Health Concerns:

Medications:

Dietary Restrictions:

Other:

## TO BE COMPLETED BY BIM FACULTY ONLY

Application Fee

☐ Cash

☐ Check #:

Date:

Amount:

Admission Information

Tour Date/Time:

Classroom Visit Date:

Notes:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please include a family photo in the space below if mailing in this application via post, or kindly submit one as an attachment if you email it in to us.

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