

# MULBERRY SCHOOL • Elementary Admission Checklist

*Teaching the Way Children Learn*

## 1. Complete All Application Forms

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- Elementary Admission Application
- Parent Questionnaire
- Confidential Teacher Assessment (to be returned directly to Mulberry school)
- Information Release of
- Applicant Self-identification Form (optional)

## 2. Include Copies of Support Materials

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- Last progress report or report card
- Any previous assessments or evaluations (e.g. IEP documentation, occupational therapist reports, etc.) in order to give a complete picture of your student's educational needs.

## 3. Schedule Student Shadow and Parent Conference

- Applicants to **Junior Kindergarten or Kindergarten** are required to attend the JK/K screening day on Saturday, February 27, 2010. For those unable to attend or for those who apply after the screening day, the same process will be followed as for 1<sup>st</sup> through 5<sup>th</sup> grade below.
- Applicants to **First through Fifth Grades** will be invited to "shadow" in the classroom for at least two (or more) consecutive days at which time they will be observed by teachers and the Admissions team. Additionally, the Student Support Coordinator will meet with the student one-on-one to assess his/her academic skill level.
- Prospective Parents/Guardians** will be invited to meet with a member of the Mulberry staff to ensure a complete understanding of the child's educational needs and an appropriate match between the family and Mulberry philosophy. This is also a time to address questions you may have regarding any aspect of Mulberry.

## 4. Fees

- A non-refundable application fee of \$150 must accompany the initial application.
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# MULBERRY SCHOOL • ELEMENTARY ADMISSION APPLICATION

**Application for Enrollment Beginning** \_\_\_\_\_ (month)\_\_\_\_\_ (year)

**Student's Legal Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

With whom is child living? \_\_\_\_\_

To whom should correspondence be sent? \_\_\_\_\_

Who is responsible for all tuition and fees? \_\_\_\_\_

**Parent's/Guardian's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_ Home Phone \_\_\_\_\_

Email\* (1) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

**Parent's/Guardian's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_ Home Phone \_\_\_\_\_

Email\* (2) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

**\*Please circle the number representing the Primary Email Address above (1) or (2).** – The primary email account is included in our all school email group and is displayed on our school roster. If no preference is indicated, both email addresses will be included.

## Elementary School Programs

For Junior Kindergarten, students must be 5 by Dec. 31st; for Kindergarten, we strongly recommend children be 5 by Sept. 1<sup>st</sup>  
(If you are unsure of placement and/or would like your child considered for more than one grade, please check both.)

<b>CLASS</b> (check)	<b>DAYS &amp; HOURS</b>	<b>APPLICATION FEE</b> (non-refundable)
<input type="checkbox"/> Junior Kindergarten	9:00AM – 12:00PM	\$150
<input type="checkbox"/> Kindergarten	9:00AM – 1:00PM	\$150
<input type="checkbox"/> First Grade	9:00AM – 3:00PM	\$150
<input type="checkbox"/> Second Grade	9:00AM – 3:00PM	\$150
<input type="checkbox"/> Third Grade	9:00AM – 3:00PM	\$150
<input type="checkbox"/> Fourth Grade	9:00AM – 3:00PM	\$150
<input type="checkbox"/> Fifth Grade	9:00AM – 3:00PM	\$150

Mulberry School strives to maintain a diverse student body and does not discriminate on the basis of race, creed, gender, sexual orientation or national origin

# MULBERRY SCHOOL • PARENT QUESTIONNAIRE

Child's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Have you enrolled any children at Mulberry before? \_\_\_\_\_ What class/year? \_\_\_\_\_

Other children living in the home (Names/Ages) \_\_\_\_\_

How did you learn about Mulberry? (check all that apply) \_\_\_\_\_Internet \_\_\_\_\_Friend \_\_\_\_\_Education Fair

\_\_\_\_\_Bay Area Parent \_\_\_\_\_Mom's group or preschool (specify name ) \_\_\_\_\_ Other\_\_\_\_\_

1. What are your reasons for choosing Mulberry School for your child? \_\_\_\_\_

\_\_\_\_\_

2. Please indicate current school and prior schools your child attended (include dates).\_\_\_\_\_

\_\_\_\_\_

3. If you are changing schools at this time, please explain why. \_\_\_\_\_

\_\_\_\_\_

4. What are your expectations and educational goals for your child in the coming year? \_\_\_\_\_

\_\_\_\_\_

5. What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

6. What are your child's struggles/areas of needed growth? \_\_\_\_\_

\_\_\_\_\_

7. What are your child's interests and favorite activities? \_\_\_\_\_

\_\_\_\_\_

8. What frustrates your child? \_\_\_\_\_

\_\_\_\_\_

9. Have any family circumstances occurred that may have impacted your child during the past school year? \_\_\_\_\_

\_\_\_\_\_

# MULBERRY SCHOOL • PARENT QUESTIONNAIRE

10. In order to best support your child, are there any medical, physical, emotional, or educational factors which should be taken into account? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

11. Has your child ever received diagnostic testing, evaluations, or support services (e.g., occupational therapy, speech and language, educational, psychological, IEP or special education accommodation, etc.)? If so, please explain: \_\_\_\_\_

12. Has your child been subject to any academic or disciplinary action at any previous schools? If yes, please explain: \_\_\_\_\_

13. What is the average time per day your child spends:  
Watching TV \_\_\_\_\_ Playing with computers or electronic games \_\_\_\_\_ Reading \_\_\_\_\_  
In imaginative play \_\_\_\_\_ Playing with other children outside of school \_\_\_\_\_ In daycare \_\_\_\_\_

## **TB TEST/IMMUNIZATIONS REQUIREMENTS**

The California School Immunization Law requires that children be up-to-date on their immunization shots to attend school or childcare. Parents must provide proof of immunizations. Additionally, Mulberry School requires a Mantoux TB test for ALL children and ALL participating parents upon school entry and every four years thereafter. If you choose to request exemption for your child from the TB screening test or from the immunization requirements due to a medical condition or because the procedure or immunizations are contrary to your beliefs, you must complete a signed waiver in the school office. The waiver indicates you understand that should there be an outbreak of TB or one of the immunized diseases, your child will be temporarily excluded from school for his/her protection.

## **CONSENT**

By signing below, (I/we) acknowledge that the information contained in this application is true and accurate. (I/We) hereby authorize Mulberry School to contact other schools and other sources to obtain information to support this application and (I/we) will not seek access to confidential recommendations and evaluation materials. (I/We) understand that the submission of this form is an indication of interest in applying for (my/our) child's admission to Mulberry School. This does not commit Mulberry School to accept (my/our) child. Enrollment is contingent upon receiving and signing a formal contract and payment of the enrollment deposit.

\_\_\_\_\_  
Signature of Parent/Guardian Date Signature of Parent/Guardian Date

# MULBERRY SCHOOL • TEACHER QUESTIONNAIRE

FOR CHILDREN ENTERING FIRST THROUGH FIFTH GRADES

**Parent/Guardian:** Please complete the following information and read and sign the statement below. Give this form to your child's teacher with a stamped envelope addressed to: Mulberry School, 220 Belgatos Road, Los Gatos, 95032.

Student \_\_\_\_\_ Applying to grade \_\_\_\_\_

For the child named above, I give my permission for you to release the information on this form to Mulberry School. I understand that I will not have access to this confidential information.

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

**To the Teacher:** *All information will be used for admissions purposes only and will be treated in the strictest confidence. The completed form should be mailed directly to Mulberry School in the envelope provided. Thank you very much for your assistance.*

Teacher completing report \_\_\_\_\_ School \_\_\_\_\_

How long have you know this child? \_\_\_\_\_ Date of entry into your program \_\_\_\_\_

Social/Emotional Skills	Excellent	Good	Fair	Poor
Demonstrates maturity				
Adapts to change/transition				
Cooperates				
Has energy throughout day				
Engages with peers				
Listens				
Contributes appropriately to group				
Pays attention				
Follows directions				
Participates in class				
Persists to complete tasks				
Works independently				
Seeks help when needed				
Accepts limits/routine				
Exhibits self control				
Resolves conflicts independently				
Tolerates frustration				
Shows concern for others				
Has self confidence				
Has a sense of humor				
Responds positively to criticism				
Is respectful with adults				

# MULBERRY SCHOOL • TEACHER QUESTIONNAIRE (CONTINUED)

FOR CHILDREN ENTERING FIRST THROUGH FIFTH GRADES

Academic Skills	Excellent	Good	Fair	Poor
Academic potential				
Academic performance				
Understands verbal directions				
Organizational skills				
Ability to express ideas verbally				
Ability to express ideas in writing				
Effort/motivation				
Study habits				

What words come to mind when you describe this child? \_\_\_\_\_

\_\_\_\_\_

Please comment on special strengths and areas of weakness: \_\_\_\_\_

\_\_\_\_\_

Does this child receive any special services or educational support?  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has this student been recommended for an educational, or other type of evaluation? (if yes please explain) \_\_\_\_\_

\_\_\_\_\_

Has this student ever been involved in a serious disciplinary incident.  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please comment on the parent's/guardian's expectations, support and follow through regarding the child's education: \_\_\_\_\_

\_\_\_\_\_

Are there any special concerns or circumstances of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

# MULBERRY SCHOOL • INFORMATION RELEASE FORM

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Child's Name \_\_\_\_\_

Although not required, if you feel it would be helpful for a Mulberry staff member to speak to a teacher, administrator, psychologist, educational consultant, physician, or resource specialist regarding your child's educational needs and development, please list below.

Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for any representative of the Mulberry School staff to speak with those individuals listed above.

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_