



Please place a
photo of
the child
here.

Application Form

The Adolescent Community, Montessori Farm School

The applicant named below is applying for admission to The Adolescent Community of Montessori Farm School Folwark Białka. Our community is a unique opportunity for study, work and living. Guided by responsible and trained specialists and teachers, students will be responsible for managing the household, operating small businesses, caring for plants and animals, running a small farm and guest's house. These activities, integrated with academic studies, make for an intensive community.

Please Print

Date of Application: _____

Section 1-General information

Student's Name: _____ Gender: M/F

Date of Birth: _____ Place of Birth (country and city): _____

Student's address: _____

Student's PESEL Number(Polish Citizens Only): _____

School year _____

Program:

- Middle School (Grades 7-8)
- High School (Grades_____)

Grade

- 7
- 8
-



Mother's Information

Mother's name: _____

Mother's address:

- Same as child
- Other _____

Employer: _____

Home Number: _____

Mobile Number: _____

Email address: _____

Father's Information

Father's name: _____

Father's address:

- Same as child
- Other _____

Father's Employer: _____

Home Number: _____

Mobile Number: _____

Email address: _____

Section 2- Background Information

Does the student have siblings? _____

What ages/names? _____

What is the language spoken in the home? _____

What other languages does the child speak? _____



How did you hear about us? _____

Section 3- Education

Please list for us all schools your son / daughter has attended.

School's Name	Address	Phone Number	Contact Person	Years Attended

We would appreciate if the below 4 points would be filled out by a student.

1. What are your educational goals? How do you see us facilitating these goals?

2. Hobbies & Interests _____

3. What is your educational experience thus far. What has been successful and what has been challenging? _____

4. Any additional information you would like to share with us (optional)

Section 4- Emergency Information



Please list the names of two people who can be contacted in case of an emergency, if the parents cannot be contacted.

Person's Name	Phone Number	Relationship to Child

Parent's Signatures

Mother's Signature

Father's Signature