

Augustus H. Shaw Montessori School

Augustus H. Shaw Montessori
123 North 13th St. Phoenix, AZ 85034
602-257-3914 Office
602-257-2954 Fax



1st Class Education within Reach



Signature School Program Application

Please complete all of the information and return the application. In the event a position becomes available the school will phone you.

STUDENT INFORMATION:

Student Name: _____
First Name *Middle Name* *Last Name*

Gender: _____ Grade Applying for: _____ Date of Birth: _____ Age: _____

Current School Attending? _____ Current District? _____

Does your child have previous Montessori experience? _____

Previous Montessori School: _____ Address: _____

Does this student have siblings? _____ Where do siblings attend school? _____

Has your child ever been screened for or received Special Services, including Speech/Language or does your child have an Individualized Education Program? _____

Does your child have any Medical Conditions? _____

If yes, please list the Medical Conditions: _____

PARENT INFORMATION:

Parent/Guardian Name(s): _____
First Name *Last Name*

Parent/Guardian Name(s): _____
First Name *Last Name*

Address: _____

City: _____ Zip/Postal Code: _____

Home Phone _____ Mobile Phone 1 _____ Day Phone 1 _____

Email address: _____

Notice: Augustus H. Shaw Montessori is participating in a longitudinal study being conducted by The Riley Institute at Furman University. See reverse side for details. Please indicate your decision regarding participation.

I acknowledge and understand that submission of this application does not guarantee admission of enrollment. Admission is based on available spaces.

Signature: _____ Date: ____/____/____

Comments: _____



Parental Permission Form for Participation in a Montessori Impact Research Study

Your child is being asked to take part in a study because you and your child wish to enroll in a Montessori program. This study is being paid for by Brady Education Foundation and run by the Riley Institute at Furman University. The goal is to learn how Montessori education supports children's growth. The Riley Institute at Furman is asking your permission for your child to take part. **Your decision will not affect whether your child gets a spot in the school to which you are applying.** We hope you will allow your child to take part in the study whether he/she enrolls.

What are the study procedures? What will my child be asked to do? If your child is selected to participate in this study, researchers will spend about 30-40 minutes with your child doing some learning activities like naming letters, identifying pictures, and counting objects. These activities will take place during the 2019-20 school year, once in the 2020-21 school year, and a final time in the 2021-22 school year. Teachers will also be asked to complete a brief survey about your child at each of these times. The school or childcare program will also share information about your child, including demographics, attendance, and grade retention. The school principal will approve all assessments and information being shared. Activities will take place at your child's school, other childcare arrangement, or your home. There will always be two adults present. All data collectors will have national background checks conducted through an approved agency.

What are the risks or inconveniences of the study? This research presents few risks. The probability of experiencing any discomfort as a result of participating in this research is not greater than that in everyday life. There is always a slight risk of a loss of privacy. To lessen this risk, the name of your child and his/or program will never appear on reports. All precautions will be taken to ensure that data are stored securely. The data collected will remain confidential and will not be shared with anyone outside of the research team.

What are the benefits of the study? Participation will help improve education practices for children.

Will my child receive payment for participation? Are there costs to participate? There are no costs to participate. Parents/guardians who sign and return forms granting consent for their children to participate will be issued a \$25 Amazon gift code via email. Your child will receive a pencil each time he or she participates in the assessments.

How will my child's information be protected? Your child's identity in this study will be kept confidential. Final results may be published for but will not include child, school, or district names. However, records and/or data collected during this research may be reviewed by the Furman Institutional Review Board or by the persons conducting this study. Data and records will be kept private in so far as permitted by law. In addition, steps will be taken to protect confidentiality of child such as: utilizing codes for identifying data; limiting those who will have access to data to the members of the research team; and storing data on a passcode protected Furman University computer and in locked file cabinets at Furman University.

Can my child stop being in the study and what are my and my child's rights? Your child does not have to be in this study if you do not want him/her to participate. If you give permission for your child, but later change your mind, you may withdraw your child at any time. There are no penalties or consequences of any kind if you decide that you do not want your child to participate and, if you decide to withdraw your child, all data collected to date will be destroyed. You also have the right to be present during assessments if you choose; please contact the school principal if you would like to exercise this option.

Whom do I contact if I have questions about the study? If you have questions about this study, you may contact the principal investigator, Dr. Brooke Culclasure, at 864-294-3236 or brooke.culclasure@furman.edu. If you have any questions concerning your child's rights as a research participant, you may contact the Furman University Institutional Review Board at 864-294-3468.

Please select an option from below:

- I give permission for my child to take part. I have provided my email address below for the \$25 Amazon gift code.
- I would like to be contacted by the Riley Institute with more details about the study.
- I do not give permission for my child to take part in this study.

Your Name: _____ Child's Name: _____

Email: _____ Phone: _____

Address: _____ City, State, Zip: _____

Signature: _____ Date: _____