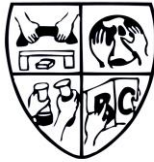


Charlotte Montessori
School



Established in 1971

APPLICATION FOR ADMISSION

Please choose the program for which you are applying:

___ Toddler (15 mos. – 3 years)

___ Primary (3 years – 6 years)

Please choose one of the following preferences:

___ Extended Day/12 months (Year-round)

___ Extended Day/ 9 months (September through May)

Approximate month/year of your admissions tour/Open House: _____

Start Date Preference (month/year): _____

CHILDS INFORMATION:

Child's Full Name _____

Home Address: _____

City/State/ZIP: _____

Date of Birth: _____ Male ___ Female ___ Unknown ___ Home Phone _____

PARENTS INFORMATION:

Parent's Name: _____ Cell Phone _____

Address if different from Child's: _____

Occupation: _____ Company Name _____ Bus. Phone _____

Email Address : _____ *(please print)*

Parent's Name: _____ Cell Phone _____

Address if different from Child's _____

Occupation: _____ Company Name _____ Bus. Phone _____

Email Address : _____ *(please print)*

Marital Status: _____Married _____Separated _____Divorced _____Single Parent

Please list any sibling/ages: _____

With whom does the child reside? _____

Who is the legal guardian? _____

Please list the names and relationship of all parents and/or significant adult family members living with the child

STUDENT INFORMATION:

What is your child's primary language? _____

If applicable, which languages other than English are spoken at home?

Please list any previous enrollment in pre-school/child care/special activities (Gymboree, etc.) and age during attendance:

If both parents regularly work outside the home, who stays with your child and when?

Please give any information (special interests, fears, likes/dislikes, skills, etc.) that you feel would aid us in getting to know your child:

Does your child separate easily from you?

What approach to discipline do you use?

Has your child ever experienced discipline challenges in an educational setting?

Is there anything relevant that you think is important for the school administration to know about your child and/or family?

Does your child have a health condition that requires ongoing medical care (including food and environmental allergies)?

EDUCATIONAL CHOICE:

Please describe what led you to apply for Charlotte Montessori School.

Why do you think Montessori education would be a good fit for your child and family?

Have any family members attended a Montessori School?

HOW DID YOU HEAR ABOUT US?

Please select all applicable boxes:

- | | |
|---|--|
| <input type="checkbox"/> website | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> word of mouth from FAMILY | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> word of mouth from a COLLEAGUE | <input type="checkbox"/> dropped by school |
| <input type="checkbox"/> Referral from CURRENT family | |

(Include the family name, we like to thank those who recommend us.) _____

- Referral from ALUMNI family

Include the family name, we like to thank those who recommend us.) _____

- Other
-

- I have enclosed the \$200.00 application fee**
- I have attached a photograph of the prospective student**

Signature of Parent or Guardian: _____ **Date:** _____

Students are admitted without regard to race, religion, sex, or national origin.