

**CMS Elementary Montessori School Application
(Grades 2-6)**

Student Information:

First Name Middle Name Last Name Preferred Nick Name

Student Home Address City State Zip Code

Student Phone Student Email

Date of Birth Gender

Parent Information:

Parent Full Name Relationship to Child

Home Address City State Zip Code

Home Phone Cell Phone Parent Email

Occupation and Title Employer

Business Phone Fax

Please list all other children in the family:

Name Birth Date

Name Birth Date

Name Birth Date

School History

Current School Name	Phone		
Address	City	State	Zip Code
Fax	Name of Student's teacher/advisor		

List the names and dates of previous schools your child has attended, back to age 4:

_____ School Name	_____ Dates
_____ School Name	_____ Dates
_____ School Name	_____ Dates

Enrollment Commitments:

Should you enroll your child in CMS Elementary Montessori, you will be asked to commit to lending your positive efforts to supporting the Montessori Philosophy both at school as well as at home. You must be willing to participate in the Parent-Teacher Organization and willing to consider participation in other fund-raising efforts. You will commit to meeting the volunteer expectations during the school year per family.

___ Parent Statement is enclosed.

___ Student Statement is enclosed.

_____ Parent/guardian signature	_____ Date
_____ Parent/guardian signature	_____ Date

PARENT STATEMENT

Student Name

Birth Date

You may attach additional pages, as necessary.

Parent completing this form: _____

Please list the dates your child has attended a Montessori school:

In what ways do you see CMS Elementary Montessori as a good match for you and your child?

How do you envision your role in your child's education?

What are your child's behavioral, social, and/or cognitive strengths?

What are your child's interests and favorite activities away from school?

What are your child's behavioral, social, and/or cognitive challenges?

Does your child have any allergies or chronic conditions that require medical treatment?
If yes, please describe.

Does your child have limitations in participation of classroom or physical activities?
If yes, please describe.

In the past two years, has your family experienced any significant changes that may have affected your child? (Examples might include: illness, death, relocation, changes in finances or family composition.)
If yes, please explain.

Please describe the regular responsibilities for which your child is accountable for in your household.

What are the key goals you expect your child to achieve between now and age 12?

To what other schools is your child applying?

All questions on this application have been answered honestly and completely.

Parent/guardian signature

Date

For parents whose children are not currently attending a Montessori school:

Why are you looking to change schools for your child at this time?

Describe your child's previous educational experience. What were the positive aspects and what were the challenges?

What languages does your child regularly speak at home?

Has your child ever been accelerated, held back, or asked to leave a school?
If yes, please explain.

Has your child undergone any diagnostic or evaluative testing for learning differences or psychological or psychiatric concerns, either in the school or outside the school?
If yes, please explain.

Has your child had any academic challenges that required tutoring or remedial assistance?
If yes, please explain.

All questions on this application have been answered honestly and completely.

Parent/guardian signature

Date

STUDENT STATEMENT

Student Name

Current Grade

Please complete the following short-answer questions in the space provided, in your own handwriting.

What are your favorite things to do at home?

How would your friends describe you?

Please list your interests and activities in order of importance to you:

Student signature

Date

CURRENT TEACHER RECOMMENDATION

 Student name Grade Applying for Date

The student named above is applying for admission to a CMS Montessori Elementary School. We appreciate you taking the time to complete this evaluation as your candid responses will help us to gain a better understanding of the applicant.

Parents, please note that this recommendation is confidential and will not be shared with you after being received by the CMS Montessori Elementary School.

 Teacher Name Teacher Email

 School Name School Phone School Fax

For how long and in what capacity have you known the applicant?

Please comment on the applicants following attributes:

	Outstanding	Excellent	Good	Average	Fair	Poor
N/A						
Trustworthiness						
Cooperation						
Consideration of others						
Independence						
Self-direction						
Teamwork						
Creativity						
Intellectual Interests						

Describe the applicant's academic achievement in relation to ability:

Describe the applicant's emotional maturity in relation to his/her peers:

Describe the applicant's character and sense of responsibility:

Describe any notable disciplinary issues you have encountered with the applicant in the past two years:

Please describe anything else you would like us to know about this applicant:

Has the parents' perception of the student matched yours? How did the parents function in the community? _____

- With regard to academic ability: ___ Recommend with enthusiasm ___ Recommended ___ Recommend with reservation
- With regard to character: ___ Recommend with enthusiasm ___ Recommended ___ Recommend with reservation
- Overall recommendation: ___ Recommend with enthusiasm ___ Recommended ___ Recommend with reservation

Signature

Date

Please complete this form, seal it in an envelope with your signature or initials across the seal and return to the student to send in to the school or mail in directly. Please feel free to contact us with any questions about this form or our school.