



Christian Montessori School

AT LAKE NORMAN

APPLICATION FOR ADMISSION

Please complete the following information and return to:

Christian Montessori School

Attn: Admissions Committee • 14101 Stumptown Road • Huntersville, NC 28078 • Phone 704-875-1801 • Fax 704-875-0915

Please select: (1) the grade (2) length of day and (3) school year for which you are applying:

- Infant** (ages 6 weeks to 18 months) All-day (7:30 am – 6:00 pm)
- Toddler** (ages 18 months to 36 months)
 - Half-day (8:30 am – 12:00 pm) Full-day (8:30 am – 3:00 pm) All-day (7:30 am – 6:00 pm)
- Primary** (ages 3 years to 6 years)
 - Half-day (8:30 am – 12:00 pm) Full-day (8:30 am – 3:00 pm) All-day (7:30 am – 6:00 pm)
- Lower Elementary** (ages 6 years to 9 years)
 - Grade 1 Grade 2 Grade 3
 - Full-day (8:15 am – 3:30 pm) Early Bird (7:30 am – 8:15 am) Encore (3:30 pm – 6:00 pm)
- Upper Elementary** (ages 10 years to 12 years)
 - Grade 4 Grade 5 Grade 6
 - Full-day (8:15 am – 3:30 pm) Early Bird (7:30 am – 8:15 am) Encore (3:30 pm – 6:00 pm)
- Middle School**
 - Grade 7 Grade 8
 - Full-day (8:15 am – 3:30 pm) Early Bird (7:30 am – 8:15 am) Encore (3:30 pm – 6:00 pm)

Academic Year 20__ - 20__ and/or Mid-academic year application

STUDENT INFORMATION

Student's full legal name _____

Date of Birth _____ City and State of Birth _____ Social Security Number _____

Home Address: _____

City _____ State _____ Zip _____

Home Telephone Number:(_____) _____ Boy Girl

PARENT(S) INFORMATION

Father's full name:

Home Mailing Address and phone number
(if different from child's)

Street Address _____

City _____ State _____ Zip _____ Phone _____

Employer Name: _____

Work Phone Number _____

Profession: _____

College attended and degree earned: _____

Mother's full name:

Home Mailing Address and phone number
(if different from child's)

Street Address _____

City _____ State _____ Zip _____ Phone _____

Employer Name: _____

Work Phone Number _____

Profession: _____

College attended and degree earned: _____

FAMILY INFORMATION

Please list all siblings

Sibling Name**Age**

1.

1.

2.

2.

3.

3.

EXTENDED FAMILY INFORMATION

Please list grandparent information.

Paternal Grandparents:**Maternal Grandparents: Name(s)**

Name(s) _____

Name(s) _____

Mailing Address: _____

Mailing Address: _____

City State Zip

City State Zip

FAMILY STATUS

Please check all that apply to the status of the student's parents.

- Parents married Parents separated Parents divorced Mother remarried Father remarried
 Father deceased Mother deceased

Was the student adopted? Yes No If yes, date of adoption _____

Financial Responsibility for the student's tuition will be assumed by: _____

Names and relationships of any family members who have attended Christian Montessori School?
 _____**STUDENT'S EDUCATIONAL BACKGROUND**

Your child's present school: _____ Dates of enrollment _____ to _____

School's Address _____ School Phone _____

City State Zip

Teacher or Advisor _____

Previous School (s)	Address	Dates of Enrollment
1. _____	_____	_____
2. _____	_____	_____

Has your child had any specialized evaluations. If so, please list:

Test/Evaluation _____ Administered by _____ Date _____

Test/Evaluation _____ Administered by _____ Date _____

Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe. _____

YOUR CHILD AS AN INDIVIDUAL

Our primary goal in the admissions process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed?

What is it about a Christian Montessori school that appeals to you? Why do you think it would be a good choice for your son or daughter?

What would you most like to see our school accomplish with your child over the next few years?

Describe the aspects of your child's previous school experience.

Has your child had any especially negative or positive experiences in school? If there have been negative experiences, what supports have you or the school provided?

What are your child's major interests at this time?

Please describe your child's social relationship with adults and other children.

FOR ELEMENTARY & MIDDLE SCHOOL APPLICANTS ONLY

Has your child ever skipped a grade? _____ If so, which grade? _____

Has your child ever been retained a grade? _____ If so, which grade? _____

Has your child ever been expelled or suspended? _____ If so, why?

STUDENT'S PERSPECTIVE

Please tell us about any activities, talent or athletics that interest you.

We are a Christian school. How do you feel about attending a community of faith?

FOR MIDDLE SCHOOL APPLICANTS ONLY

From whom should we expect to receive letters of reference regarding your admissions?

Name: _____ How does this person know you: _____

Name: _____ How does this person know you: _____

An application fee of \$100.00, should accompany your application. This fee is not refundable. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Christian Montessori School.

Christian Montessori School is open to any child without regard to race, creed, color or national origin, or religious beliefs. Our school community is committed to providing an excellent education for children from diverse backgrounds.

Parents Signatures:

Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian (if applicable): _____ Date: _____