



# Christian Montessori School at Lake Norman

14101 Stumptown Road  
 Huntersville, NC 28078  
 Phone: 704-875-1801 Fax: 704-875-9799

**Application for program:**

**School Year: 20** \_\_\_\_ **- 20** \_\_\_\_

- Toddler 8:30-12:00 ( \_\_ Tues./Wed. \_\_ Mon./Wed./Fri.)  
 Toddler 8:30-3:00 (Mon.-Fri.)  Toddler 7:30-6:00 (Mon.-Fri.)  
 Primary 8:30-12:00  Primary 8:30-3:00  Primary 7:30-6:00  
 Grades 1-3 Lower Elementary 8:15-3:30  Before School 3:30-6:00  
 Grades 4-6 Upper Elementary 8:15-3:30  After School 7:30-8:15

Students Name:		
Date of Birth	Place of Birth	Social Sec. No.

Student's home address Parent(s) Guardian(s)		Home Tel:
Address:		
City:	State:	Zip code:
E-mail Address:		

List all members of student's household:			Father's Information:		
Parent(s) or Guardian(s)			Father's full name		
Other adult(s)			Address:		
Siblings	Age	Present School	City:	St:	Zip Code:
			Home Tel:		Work Tel:
			Employer		Position
			Education level:		

<b>Family Status:</b>				<b>Mother's Information:</b>		
	Parents married		Parents Separated	Mother's full name		
	Parents divorced		Mother re-married	Address		
	Mother deceased		Father re-married	City:	St:	Zip Code:
	Father deceased		Student adopted	Home Tel:	Work Tel:	
Financial responsibility for student's tuition:				Employer:	Position:	
Address if different from above:				Education level:		

<b>Maternal Grandparents:</b>			<b>Paternal Grandparents:</b>		
Name			Name		
Address			Address		
City	St	Zip code	City	St	Zip code

<b>General Background, Medical, and Educational Information</b>		
Names and relationships of any family members who have attended Christian Montessori School at Lake Norman		
Your child's present school:		Dates of Enrollment
School's Address		School Tel:
Teacher or Advisor		
Previous Schools	Address	Dates of Enrollment

Has your child had any specialized evaluations? If so, please list:		
Test/Evaluation	Administered by	Date
Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.		

Does your child have any physical limitations or allergies?

Has your child ever suffered any serious illness, injury, or hospitalization?

Is your child currently receiving any medication? If so, please list.

Does your child have any particular fears that may impact their day at school?

**Our primary goal in the admission 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 Christian Montessori School at Lake Norman that appeals to you? Why do you think it would make a good choice for your son or daughter?

Describe your child's previous school experience.

Describe the aspects of your child's previous school experience with which you have been most pleased?

Has your child experienced any difficulties in school? If so, what support has you or the school provided?

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

How does your child spend his/her time outside of the school? (sports, clubs, hobbies, scouts, classes, special activities, etc...)

What are your child's interests at this time?

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

An application fee of \$75.00, 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 at Lake Norman, and as authorization to our office to obtain transcripts recommended from previous schools.

\*\*\*\*\*Detach and mail to current school in which the child is enrolled.\*\*\*\*\*

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## Authorization for the Release of Records

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School: \_\_\_\_\_

Address: \_\_\_\_\_

On behalf of my child, \_\_\_\_\_, who is presently enrolled as a student at your school, I have applied for admission to **Christian Montessori School at Lake Norman** beginning with the term starting \_\_\_\_\_, 20 \_\_\_\_\_. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments, and observations of his/her overall development and progress. Enclosed you will also find copies of our confidential recommendation forms to be completed by the appropriate staff members.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward these records to:  
**Admissions Committee,**  
**Christian Montessori School at Lake Norman**  
14010 Stumptown Road, Huntersville, NC 28078  
704-875-1801(phone) 704-875-9799(fax)