



Established in 1971

APPLICATION FOR ADMISSION

*A \$100 Application Fee is due upon submission of the application.
Please attach a recent photograph of your child.*

Please choose the program for which you are applying:

- Primary (15 mos. – 3 ½ years)
 Transitional Kindergarten & Kindergarten (3 years – 6 years)

Please choose one of the following preferences:

- Extended Care/12 months (7+ hours/day, year-round)
 Extended Care/ 9 months (7+ hours/day, September through May)
 School Day/ 12 months (8:30-2:30, year-round)
 School Day/ 9 months (8:30-2:30, September through May)

Start Date Preference (month/year): _____

STUDENT INFORMATION:

Last Name _____ First Name _____ MI: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Male _____ Female _____

FAMILY INFORMATION:

Mother's Name: _____ Home Phone _____

Address if different from Child's: _____

Occupation: _____ Company Name _____ Bus. Phone _____

Email Address : _____ (please print)

Father's Name: _____ Home Phone _____

Address if different from Child's _____

Occupation: _____ Company Name _____ Bus. Phone _____

Email Address : _____ (please print)

Marital Status: _____Married _____Separated _____Divorced _____Single Parent
If separated or divorced, with whom does the child reside? _____

Please list any sibling/ages: _____

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

How did you hear about Charlotte Montessori School? _____

Please describe why you have chosen Charlotte Montessori School and the Montessori Method
for your child's early education:

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

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

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