



NEW ELEMENTARY STUDENT APPLICATION
(\$25 application fee must accompany this application)

How did you hear about us? _____

Family Information:

Child's Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Parent's Name _____

Home # _____ Cell # _____ e-mail _____

Mailing Address _____ City _____ State _____ Zip _____
(If different from above)

Occupation _____ Employer _____ Work # _____

Parent's Name _____

Home # _____ Cell # _____ e-mail _____

Mailing Address _____ City _____ State _____ Zip _____
(If different from above)

Occupation _____ Employer _____ Work # _____

I wish to enroll my child in the following program:

Lower Elementary (6-9 year olds)

Upper Elementary (9-12 year olds)

I wish to contract for the following extended day options:
(Regular school day starts at 8:30 and ends at 3:00)

Early Care (starts at 7:30):

Monday Tuesday Wednesday Thursday Friday

After Care until 4:00:

Monday Tuesday Wednesday Thursday Friday

After Care until 5:30:

Monday Tuesday Wednesday Thursday Friday

Do you plan to send or would you consider sending your child to Cornerspring through 12 years old?
___Yes ___No ___Maybe

Cornerspring Montessori School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions, or any other school administered programs.

Family Status: Married Divorced Separated Single Parent Life Companions Widow

Student lives with: Mother Father Both Other (please specify) _____

List any other adults living in the household _____

Which languages other than English are spoken at home? To what extent? _____

Child's general health _____

Allergies? _____

How would you describe your child's personality and learning style?

What are your child's academic strengths and weaknesses? _____

What are your child's social strengths and weaknesses? _____

Has your child been tested or evaluated for psychological, emotional, behavioral or learning challenges?

Feel free to write anything specific you feel would be helpful for us in getting to know your child such as interests, temperament, special educational, physical, or emotional needs _____

Your Child's previous school experience: Name of school _____

School address _____ City _____ State _____ Zip _____

Phone _____ Dates in attendance _____

Has your child ever been enrolled in a Montessori Program? _____

How do you think the Montessori system will benefit your child? _____

Why did you choose this school for your child? How did you first learn about this school? _____

Other children in the family?

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

***You may add more pages if you need more room**

Extended Family Information:

Please include grandparent's or other family members' contact information so that we can share news, events, activities, links to articles, photos, etc.

Name/s: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Name/s: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Name/s: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Name/s: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

For Office use only:

Date enrolled: _____ Registration fee paid _____

Payment information:

Check () # _____ Cash () Other () _____