



NEW MIDDLE SCHOOL STUDENT APPLICATION
(\$50 application fee must accompany this application)

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 # _____

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 extend? _____

Child's General Health

Allergies?

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.

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 use the space below if you need more room

For Office use only:

Date enrolled: _____ Registration fee paid _____

Payment information:

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