



APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY
_____ Starting Date
_____ Withdraw Date

Child's name in full (Please put nickname in parentheses)

Date of Birth (Year/Month/Day) _____

Gender ____ F ____ M

Parent

Guardian

Parent

Guardian

- Dr.
- Mr.
- Ms.
- Mrs.

- Dr.
- Mr.
- Ms.
- Mrs.

Name

Name

Home Address _____ Home Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Occupation/Job Title _____

Occupation/Job Title _____

Company Name (if applicable) _____

Company Name (if applicable) _____

Business Address _____ Business Phone _____

Business Address _____ Business Phone _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

If parents are separated/divorced, with whom does the applicant live? _____

Do you want both names listed in the directory? _____

Who takes financial responsibility for tuition and fees? (Relationship) _____

Do you anticipate requesting financial aid? No ____ Yes ____
(Write to Director of Admission for aid application.)

Desired Enrollment Date: _____	Please check the program for which you are applying:		
<input type="checkbox"/> Toddler Preschool--Ages 2 to 3 Morning, M-F, 9:15 - 11:30 a.m.	<input type="checkbox"/> Primary Program--Ages 3 to 6 Monday - Friday, 9:00 a.m. - noon	<input type="checkbox"/> Lower Elementary Program--Ages 6 to 9 Monday - Friday, 8:45 a.m. - 3 p.m.	
<input type="checkbox"/> Full-day, M-F, 9:15 a.m. - 2:30 p.m.	<input type="checkbox"/> Extended Day--Ages 3 to 6 Mon. - Thurs., 9:00 a.m. - 2:30 p.m. Friday, 9:00 a.m. - noon	<input type="checkbox"/> Upper Elementary (ages 9-12) Emerson Farm Middle School (ages 12-14) Monday - Friday, 8:30 a.m. - 3:15 p.m.	
Extra Time (before/after school care) -- Circle times needed, if known			
Primary --	Morning: 7:15 8:00	Evening: 3:30 4:00 4:30 5:00 5:45	
Elementary --	Morning: 7:15 8:00	Evening: 4:00 4:30 5:00 5:45	

Names of applicant's brother(s) & sister(s)
(Please indicate if ever attended Montessori and years attended)

Present School

Grade

Reasonable accommodations will be made provided that no changes to the program are required and that the child does not pose a risk to himself or others. Is there anything in applicant's health or behavioral history that would have any bearing on full participation in school activities? Be sure to include any allergies your child may have. Please describe.

____ No ____ Yes _____

Grandparents

Grandparents

Name _____

Name _____

Address _____ Phone _____

Address _____ Phone _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Current Grade: _____ Applicant's previous school experience (preschool, playgroup, and/or previous Montessori experience: include years attended): _____

Has applicant ever had any educational and/or psychological testing? No _____ Yes _____ If yes, when? _____

We give MSCM permission to obtain the educational/psychological reports. No _____ Yes _____
(This information will be kept confidential.)

Name of educational/psychological tester _____

Address _____ Phone _____

Do you have any specific academic or social goals in mind for your child regarding school these next few years? _____

How did you hear about Montessori?

Newspaper (name) _____ Friend/Relative _____ Exhibits/Fairs _____ Other _____

NONREFUNDABLE APPLICATION FEE -- \$45.00

I understand that the enclosed fee is nonrefundable and not applicable to tuition.

I understand that my child must be 3 years old and toilet-trained to attend the Primary Program.

I understand that in the event of a waiting list, only a registration deposit, not the enclosed fee, will hold the first available space for my child.

MSCM RESERVES THE RIGHT OF DIRECT ACCESS TO PREVIOUS SCHOOL RECORDS AND FURTHER RESERVES THE RIGHT TO WITHHOLD RECORDS OF WITHDRAWING STUDENTS UNTIL ALL ACCOUNTS ARE PAID IN FULL.

MSCM reserves the right to place children in order to maintain balanced classes with respect to number of children, their ages, gender, and individual needs of students.

I understand that all children are accepted on a trial basis and I have read the enclosed admission and placement policy of the school.

The information requested below will be used solely for reporting purposes as required of educational institutions by federal or state law. This information will not be used in contravention of any federal or state law prohibiting unlawful discrimination in admission, financial aid, employment, or otherwise. Compliance with this request is entirely voluntary.

____ Native American/Alaskan Native
____ African American
____ Hispanic

____ Middle Eastern
____ Caucasian
____ Pacific Islander

____ Asian
____ Multiracial
____ Other

My signature below indicates that all information contained in this application is factually correct and honestly presented.

Signature _____ Date _____

Signature _____ Date _____

All students are welcome without regard to race, color, religion, gender, disability or national origin.

Return this form with application fee to:

The Montessori Society of Central Maryland
10807 Tony Drive
Lutherville, Maryland 21093-3697
Phone (410) 321-8555 Fax (410) 321-8566