

MONTESSORI ACADEMY

ADMISSION APPLICATION

School Year Applying For: _____

Date: _____

CANDIDATE INFORMATION

Student's Name: _____
Last First Middle Nickname

Home Address: _____
Street City/State/Zip County

Home Phone Number: _____ Age: _____ Birth Date: _____ Current Grade Level: _____
Month/ Day/ Yr

Applying For: Toddler program Primary Age 3 Primary Age 4 Kindergarten

Elem. Grade (1st-8th) _____

Number of optional afternoons (12:00-3:00 PM) for Toddler, 3 and 4 year olds: 2 3 5

Are you in need of before and after care? If so, please list days and times: _____

Student lives with the following: (check all that apply): Father Mother Other

Language(s) spoken at home: _____

FAMILY INFORMATION

Parent/Guardian			Parent/Guardian		
_____ First	_____ Middle	_____ Last	_____ First	_____ Middle	_____ Last
_____ Home address			_____ Home address		
_____ Home Phone		_____ Cell phone	_____ Home Phone		_____ Cell phone
_____ Occupation/Title			_____ Occupation/Title		
_____ Business Name			_____ Business Name		
_____ Business Address			_____ Business Address		
_____ Business Telephone		_____ Business Fax	_____ Business Telephone		_____ Business Fax
_____ Preferred Email			_____ Preferred Email		

Who should receive school mailings? _____

Please return this form with a \$50 non-refundable application fee to Montessori Academy of Chambersburg.

How did you learn of Montessori Academy? _____

Current School: _____ Independent Public Parochial

Principal/Head of School: _____
Name Title

Address: _____ Telephone: _____

City State Zip Fax: _____

Please list all previous schools attended by the applicant and provide dates:

Name	Grade	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Siblings:

<u>Name</u>	<u>Birth date</u>	<u>Gender</u>	<u>Current Grade</u>	<u>Current School</u>	<u>Attended a Montessori School?</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Once a child is accepted and enrolled at Montessori Academy of Chambersburg, we are committed to his or her emotional, social, and cognitive growth through the eighth grade. Our curriculum is continuous from our Toddler program through the Middle School. The curriculum at each level builds on the skills and knowledge acquired in the previous level. We believe that a child maximizes his or her potential growth by completing our program through the eighth grade.

**Please return this Application, Parents' Confidential Comments, Authorization for the Release of Records, and the non-refundable application fee of \$50.00 to:
Montessori Academy of Chambersburg, 875 Ragged Edge Road, Chambersburg, PA 17201**

Signature of Parent(s) or Guardian(s) _____ Date _____

Montessori Academy of Chambersburg admits students of any race, color, gender, nationality or ethnic origin to all rights, privileges, programs and activities generally accepted, accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, gender, religion, nationality or ethnic origin in the administration of its educational policies, admissions policies, financial aid program, and any other school-administered programs.