



COMMUNITY MONTESSORI SCHOOL

APPLICATION FOR ADMISSION

Applicant Information

Date of application: _____ School year applying for: _____

Last name: _____ First name: _____

Date of Birth: _____ Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

CMS celebrates the cultural diversity found here at our school. We would love to know your origin of ethnicity and the languages spoken in your home (optional): _____

Please check the program, hours you wish child to attend school and the calendar schedule:

Toddler (18-36 months)

- | | | |
|--|--|---|
| <input type="checkbox"/> 5 Day Program (Mon-Fri) | <input type="checkbox"/> Half Day (8:30am-12:00pm) | <input type="checkbox"/> Traditional Calendar |
| | <input type="checkbox"/> Full Day (8:30am-3:00pm) | <input type="checkbox"/> Year Round Calendar |
| | <input type="checkbox"/> All Day (7:30am-5:30pm) | |

Primary (3-6 years old)

- | | | |
|--|--|---|
| <input type="checkbox"/> 5 Day Program (Mon-Fri) | <input type="checkbox"/> Half Day (8:30am-12:00pm) | <input type="checkbox"/> Traditional Calendar |
| | <input type="checkbox"/> Full Day (8:30am-3:00pm) | <input type="checkbox"/> Year Round Calendar |
| | <input type="checkbox"/> All Day (7:30am-5:30pm) | |

Elementary (6-12 years old)

- | | | |
|--|---|---|
| <input type="checkbox"/> 5 Day Program (Mon-Fri) | <input type="checkbox"/> Full Day (8:30am-3:00pm) | <input type="checkbox"/> Traditional Calendar |
| | <input type="checkbox"/> All Day (7:30am-5:30pm) | |

My child has participated in psychological evaluations and/or early-intervention therapy. Yes No

****If yes, please include a copy of all reports with this application**

I authorize Community Montessori to contact current and previous schools to obtain information to support my child's application. I will not seek access to confidential recommendations and/or evaluation materials provided by any source before or after admission. All information on this application is kept confidential.

(parent signature)

(date)

(parent signature)

(date)

Family Information

Name of Parent/Guardian: _____ Relation to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Employer: _____ Position: _____ Phone: _____

Legal guardian

Name of Parent/Guardian: _____ Relation to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Employer: _____ Position: _____ Phone: _____

Legal guardian

Siblings

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Other Schools Attended By Applicant

School Name: _____ Date Attended: _____

School Name: _____ Date Attended: _____

How did you hear about Community Montessori?

Website

Publication

Direct Mail

Word of mouth

Previous Family

Other _____

Name of friend/relative referring you: _____

Name of student who attended previously: _____

Please send this application along with a non-refundable check for \$70.00 to Community Montessori School to the following address:

Community Montessori School

9069 E. 141st St.

Fishers, IN 46038

Community Montessori School does not discriminate on the basis of race, color, gender, religion, disability, sexual orientation, national and/or ethnic origin in the admission process, its educational policies, programs and activities or employment.