



Elementary School Application

Child's name: _____

Child's age: _____ Date of birth: _____

Child's current grade in school: _____

Home address: _____

Home telephone: _____

Requested admission date: _____ Today's Date: _____

This application is subject to the following conditions:

- 1) A nonrefundable \$50.00 fee must accompany the application.**
- 2) Montessori School of Columbia gives preference in admission decisions to children with siblings already enrolled in the school and to children with previous Montessori training.
- 3) Montessori School of Columbia may contact the child's previous teacher and this application serves as your permission to request student records from any previous school or teacher. In addition Montessori School of Columbia may require an interview or classroom visit with your child as part of the application process. A parent may be required to have observed in the classroom.
- 4) This application does not constitute acceptance into The Montessori School of Columbia School. If the child is accepted to the school, an enrollment contract will be sent.
- 5) The Montessori School of Columbia School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin in administration of its educational policies, admissions policies, athletic or any other school administered programs.
- 6) Our teachers are not specially trained to educate children with diagnosed learning, behavior, or attention disorders. In order to effectively assess your child, we request that you disclose any medical or psychological evaluations, current medications, and any other information relevant to this concern.

First Parent name: _____

First Parent business/profession: _____

First Parent address: _____

First Parent phone numbers:

(home)_____ (work)_____ (cell)_____

First Parent email address: _____

Second Parent name: _____

Second Parent business/profession: _____

Second Parent address: _____

Second Parent phone numbers:

(home)_____ (work)_____ (cell)_____

Second Parent email address: _____

If parents are separated/divorced, please indicate the name of the custodial adult below. Please note that our policy is to look to the custodial adult for all decisions regarding the child.

Names and ages of siblings: _____

Please provide the following information about your child:

Why are considering Montessori School of Columbia for your child?

Does your child have any special needs/problems of which the school should be aware? Explain:

Does your child have any allergies? _____

Please provide information about any schools your child has attended previously:

School: _____

Address: _____

Phone: _____

Teacher's name: _____

School: _____

Address: _____

Phone: _____

Teacher's name: _____

School: _____

Address: _____

Phone: _____

Teacher's name: _____