

VILLAGE MONTESSORI

20615 NORTH MAIN STREET

CORNELIUS, NC 28031

APPLICATION FOR ADMISSION

Please complete the information below. A non-refundable deposit of \$250 should accompany each application. This is a nonrefundable deposit. Make checks payable to: *Village Montessori*. Upon receipt of a completed application and deposit, we will contact you for a school tour and classroom visit.

APPLICANT'S NAME:

(LAST) (FIRST) (MIDDLE)

Preferred Name: _____ Date of Birth: _____ Male _____ Female _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Email address: _____

FAMILY INFORMATION

FATHER:	MOTHER:
(FIRST) (MI) (LAST)	(FIRST) (MI) (LAST)
Home Address:	Home Address:
City & State: Zip:	City & State: Zip:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:
Occupation:	Occupation:
Company:	Company:
Work Phone:	Work Phone:

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EMERGENCY CONTACT INFORMATION

If you cannot call for your child, please give names of persons to whom child can be released:

Name of child's doctor _____ Office Phone _____

Office address _____

Name of child's dentist _____ Office Phone _____
(Required to have one prior to start of school)

Office address _____

Hospital preference _____

Name and relationship of two persons we may contact in an emergency:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

STUDENT INFORMATION

Has your child attended a school program before? _____ If yes, where? _____

When? _____ Type of program? _____

Is there any medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been completed on your child? _____ If yes, please list them and request a copy of the educational testing or evaluation results be sent to us. _____

Does your child have any known allergies? _____ If yes, please list them: _____

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Please list any special conditions, disabilities or health concerns: _____

Does your child take any medication regularly? _____ If yes, please explain: _____

How does your child spend time outside of school? (sports, hobbies, special interests, etc.) _____

What kinds of activities do you do with your child? _____

What approach to discipline do you use? _____

Describe your child's previous school experience. Is his/her general development and academic performance consistent with your expectations for him/her? _____

Describe the aspects of your child's previous school with which you have been most pleased. _____

How do you feel about your child's social and emotional development? _____

Has your child experienced any difficulties in school? What support have you or the school provided?

What are your educational goals for your child? How do you see Village Montessori facilitating these goals? _____

What role can we expect you to play in facilitating these educational goals? _____

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Imagine your child at the end of his or her educational career and everything in his/her development and education have been exactly as you hoped. Describe the young adult that s/he has become. What characteristics and values do you hope s/he will have developed?

I/We have enclosed the application fee and understand that this fee is non-refundable. I/We give permission to Village Montessori to request my child's school records, evaluations and report cards from his/her current school. I/We state that the above information is correct to the best of our knowledge. I/We understand that providing false information or withholding information may affect the admissions process and/or enrollment with Village Montessori.

Authorization Submitted by:

Signature: _____ Date: _____

Printed Name: _____

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RELEASE INFORMATION

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date _____ Signature of Parent/ Guardian: _____

I, _____, parent/guardian of _____

GIVE _____

DO NOT GIVE _____

permission for my child to be photographed or videotaped for the purpose of promoting, advertising or marketing Village Montessori or the Montessori method of teaching. I understand that my child's likeness becomes the property of said news or marketing agency for the purpose stated above. I absolve Village Montessori and its representatives of any liability that may be associated with the use of my child's likeness.

Parent/Guardian Signature _____

Please note the Village Montessori and its representatives will not knowingly allow photographs, videotapes or audio recordings to be made of any student for any purpose other than stated above and that the first consideration is for the safety of the students. Parents/guardians will be notified if their child's/children's likeness will be used in any news publication or periodical or on any television or radio program.

Please mail application and deposit to:

Village Montessori
20615 North Main Street
Cornelius, NC 28031

Notice of Nondiscriminatory Policy

Village Montessori admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

Village Montessori is committed to the mission, philosophy and code of ethics of the American Montessori Society.