



NEW ELEMENTARY STUDENT APPLICATION
2017-2018 SCHOOL YEAR
(\$75 registration fee must accompany this application)

How did you hear about us? \_\_\_\_\_

Family Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
(if different from above)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
(if different from above)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

I wish to enroll my child in the following program:

- Lower Elementary (6-9 year olds)
Upper Elementary (9-12 year olds)

I wish to contract for the following extended day options:
(Regular school day starts at 8:30 and ends at 3:00)

Early Care (starts at 7:30):

- Monday Tuesday Wednesday Thursday Friday

After Care until 4:00:

- Monday Tuesday Wednesday Thursday Friday

After Care until 5:30:

- Monday Tuesday Wednesday Thursday Friday

Do you plan to send or would you consider sending your child to Cornerspring past level? Yes No Maybe

Cornerspring Montessori School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions, or any other school administered programs.

Child's general health \_\_\_\_\_

Allergies? \_\_\_\_\_

How would you describe your child's personality and learning style?

\_\_\_\_\_  
\_\_\_\_\_

What are your child's academic strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_

What are your child's social strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_

Has your child been tested or evaluated for psychological, emotional, behavioral or learning challenges?

\_\_\_\_\_

\_\_\_\_\_

Feel free to write anything specific you feel would be helpful for us in getting to know your child such as interests, temperament, special educational, physical, or emotional needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Child's previous school experience: Name of school \_\_\_\_\_

School address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates in attendance \_\_\_\_\_

Has your child ever been enrolled in a Montessori Program? \_\_\_\_\_

How do you think the Montessori system will benefit your child? \_\_\_\_\_

\_\_\_\_\_

Why did you choose this school for your child? How did you first learn about this school? \_\_\_\_\_

\_\_\_\_\_

Other children in the family?

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

\*You may write below if you need more room

**Extended Family Information:**

Please include grandparent's or other family members' contact information so that we can keep them up to date on school events and activities.

**Name/s:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Name/s:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Name/s:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Name/s:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

<b><i>For Office use only:</i></b>	
Date enrolled: _____	Registration fee paid _____
Payment information:	
Check ( ) # _____	Cash ( ) _____
Other ( ) _____	