



**NEW MIDDLE SCHOOL STUDENT APPLICATION**  
**(\$50 application fee *must* accompany this application)**

**Family Information:**

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

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

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

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
**(If different from above)**

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

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

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
**(If different from above)**

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

Family Status: Married Divorced Separated Single Parent Life Companions Widow

Student lives with: Mother Father Both Other (please specify) \_\_\_\_\_

List any other adults living in the household

\_\_\_\_\_

Which languages other than English are spoken at home? To what extent? \_\_\_\_\_

Child's General Health

\_\_\_\_\_

Allergies?

\_\_\_\_\_

*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.*

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 use the space below if you need more room

***For Office use only:***

Tour Date: \_\_\_\_\_ Application fee paid \_\_\_\_\_

Payment information:

Check ( ) # \_\_\_\_\_ Cash ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

**Extended Family Information:**

Please include grandparent's or other family members' contact information so that we can share news, events, activities, links to articles, photos, etc.

**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: \_\_\_\_\_