

# Application for Admission Adolescent Program August 21, 2023

First Name	Last Name	Middle Name
------------	-----------	-------------

Nickname	Date of Birth	Gender (M/F)
----------	---------------	--------------

<p>*****</p> <p><b>MOTHER</b></p> <p>Name _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Employer Name _____</p> <p>City _____ State _____</p> <p>Work Phone _____</p> <p>Occupation _____</p> <p>Does your company have Matching Grants: Yes or No</p> <p>Email address _____</p>	<p>*****</p> <p><b>FATHER</b></p> <p>Name _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Employer Name _____</p> <p>City _____ State _____</p> <p>Work Phone _____</p> <p>Occupation _____</p> <p>Does your company have Matching Grants: Yes or No</p> <p>Email address _____</p>
---	---

Please circle all that apply: Married Separated Single Parent Widowed Divorced  
(If divorced, who has legal custody? Mom or Dad)

\*\*\*\*\*

**RECORDS RELEASE (If transferring from another school)**

Name of Current/Former School	City/State	Phone Number
-------------------------------	------------	--------------

**Reason for transfer:** \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**PROGRAM HOURS:**

{ } 7:00 am – 3:45 pm { } 8:30 am – 3:45 pm { } 8:30 am – 6:00 pm { } 7:00 am – 6:00 pm

**GRADE LEVEL:** { } 7<sup>th</sup> Grade or { } 8<sup>th</sup> Grade

\*\*\*\*\*

**SIBLINGS (If applicable)**

Name	Current/Former School	CMMS Student or Alumni Yes No
------	-----------------------	-------------------------------

Name	Current/Former School	CMMS Student or Alumni Yes No
------	-----------------------	-------------------------------

\*\*\*\*\*

How did you learn about Country Meadows Montessori School? Please circle your response:  
Word of Mouth/Referral      Website      Advertisement (where)\_\_\_\_\_      Facebook/Google  
Is your child on a wait list or in an enrollment lottery for any other program? If so, indicate  
where.\_\_\_\_\_

\*\*\*\*\*  
Has your child ever received special services/testing/counseling? Please explain.\_\_\_\_\_

Specify any special educational, physical or emotional needs of your child \_\_\_\_\_

Child's general health (including allergies) \_\_\_\_\_

\*\*\*\*\*  
PLEASE PROVIDE A BRIEF STATEMENT ABOUT WHY YOU WOULD LIKE YOUR CHILD TO ATTEND CMMS.

Any additional information which you could provide to assist us in getting better acquainted with your family?

Any special skills, services or disciplines you would be willing to provide to CMMS and our school community?

The undersigned hereby make a formal application for their child to attend Country Meadows Montessori Middle School Program. (Please include the non-refundable \$100 application fee for processing)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

\*\*\*\*\*  
Country Meadows Montessori School does not discriminate in regard to race, color, creed, national origin, sex, religious belief, gender, sexual orientation, gender identity or expression in the admission of students, or employment. Placement in a class is at the discretion of the educational staff. Each classroom is a community of children balanced to the extent possible with regard to age, sex, program hours, and previous Montessori experience. Enrollment preference is given to: 1) students returning to the same group; 2) students graduating to the next level; 3) the sibling of a returning student; 4) the sibling of a former student; 5) Montessori transfer student; 6) other applicants. Applicants not placed will be put on a waitlist.  
\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date rec'd with fee\_\_\_\_\_ Cash / Check #\_\_\_\_\_  
Start Date\_\_\_\_\_ Program Enrolled\_\_\_\_\_  
MT\_\_\_\_\_