



Montrose Christian Montessori School

Entrance Application

Desired Program:

Preschool	Transitional Kindergarten (TK)
_____ M-F 9:00–3:00	_____ M-F 8:45–3:00
_____ M,W,F 9:00–3:00	_____ M,W,F 8:45–3:00
_____ M-F 9:00–12:00	_____ M-F 8:45–12:00
_____ M,W,F 9:00–12:00	

Elementary

_____ Grades K-3 8:30–3:00

_____ Grades 4-6 8:15–3:00

Additional Services:

_____ Diaper/Potty-Training Service _____ Full-time Extended Care 7:00am-6:00pm

MCMS Office Use Only:

Date of Entry _____

Application Date _____

Requested Entry Date _____

Student's Name _____

Date of Birth _____ Place of Birth _____

Student's Home Address _____

City _____ State _____ Zip _____

Mother's Name (or Guardian) _____

Cell # _____ Email _____

Father's Name (or Guardian) _____

Cell # _____ Email _____

Other Adults in Home and Relationship _____

How did you hear about MCMS? _____



Montrose Christian Montessori School

Entrance Application

Siblings

Names	Age	Present School

Family Status (check boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> Parents Married | <input type="checkbox"/> Parents Separated |
| <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Student Adopted |

General Background

Your Child's Present School:	Date of Enrollment:
School's Address:	School's Phone:
Reasons for leaving current school:	
Names and relationships of any family members who have attended Montrose Christian Montessori School:	

Medical Background

Does your child have any physical limitations or allergies?
Has your child ever suffered any serious illness, injury, or hospitalization?
Is your child currently receiving any medication? If so, please list.



Montrose Christian Montessori School

Entrance Application

Medical Background, cont.

Does your child have any particular fears that may impact their day at school?

Do you consider your child "Special Needs." If so, please explain, including any official diagnosis, accommodations requested, and/or treatments.

Please submit a copy of any IEP presently in use for review.

Church Background

Name of Church, if any:	Years attended:
Pastor's Name:	Phone:

Educational Information

What is it about Montrose Christian Montessori School that appeals to you? Why do you think it would make a good choice for your son or daughter?

Describe your child's previous school experience.

Has your child experienced any difficulties in school? If so, what support have you or the school provided?



Montrose Christian Montessori School

Entrance Application

Educational Information, cont.

What would you most like to see our school accomplish with your child over the next few years?

Social Background

How does your child spend his/her time outside of the school (sports, clubs, hobbies, church clubs e.g. Awana, special activities, etc...)?

What are your child's interests at this time?

Please describe your child's social relationship with adults and other children:

I/we, as parent(s)/legal guardian(s) of the student named in this application, hereby declare that the information contained herein is true and correct. I/we submit this document as a formal request for consideration of enrollment at MCMS.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Note that a Registration Fee of \$350.00 must accompany this application in order to be processed. This fee is nonrefundable.



Montrose Christian Montessori School

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Authorization for the Release of Records

(For children who have attended other schools)

School Name _____

Address _____

Phone _____ Fax _____

On behalf of my child, _____, who is presently enrolled as a student at your school, I have applied to Montrose Christian Montessori School beginning with the term starting _____, 20_____. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teacher's comments, and observations of his/her overall development and progress.

Parent/Guardian Name _____

Signature _____ Date _____

Please forward records by mail or fax to:

MCMS Admissions
Fax: 818-249-6290