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www.chesterfieldmontessori.org

passion for learning; success for life

APPLICATION FOR ADMISSION

STUDENT

LAST _____ FIRST _____ MIDDLE _____

DATE OF BIRTH ____ / ____ / ____ FEMALE MALE DESIRED DATE OF ENTRANCE _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Program Desired: PRESCHOOL HALF DAY PRESCHOOL FULL DAY ELEMENTARY

TODDLER HALF DAY TODDLER FULL DAY

All Day Montessori: BEFORE & AFTER SCHOOL WINTER & SPRING BREAKS

Payment Schedule (Toddler monthly only): YEAR SEMESTER MONTH

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME YOU WOULD LIKE BILLS ADDRESSED TO _____

PARENT(S)

MOTHER (MS./MRS./DR.) _____ OCCUPATION _____

BUSINESS NAME _____ BUSINESS ADDRESS _____

BUSINESS PHONE _____ MOBILE _____ EMAIL _____

FATHER (MR./DR.) _____ OCCUPATION _____

BUSINESS NAME _____ BUSINESS ADDRESS _____

BUSINESS PHONE _____ MOBILE _____ EMAIL _____

SISTERS/BROTHERS

NAME _____ DATE OF BIRTH _____ AGE _____

NAME _____ DATE OF BIRTH _____ AGE _____

BACKGROUND

Schools Previously Attended

NAME _____ PHONE _____ DATES ATTENDED _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME _____ PHONE _____ DATES ATTENDED _____

ADDRESS _____ CITY/STATE/ZIP _____

Application continued on other side.

APPLICATION FOR ADMISSION *continued*

Is a language other than English spoken in your home? YES NO

If yes, what language? _____

Is the applicant bilingual? YES NO Ethnic background of your child (*optional*): _____

Special out of school activities your child participates in: _____

Do you have friends or relatives who attended CMS? YES NO

Please list: NAME _____ RELATIONSHIP _____

Who recommended CMS to you, or what was your source of information (*phone book, website, Independent Schools of St. Louis, etc.*)? _____

Please provide any further information which will help us understand your child to meet his/her needs. _____

What are your hopes and aspirations for your child? How do you see CMS contributing to his/her success? _____

Are you applying to other schools? YES NO

If yes, which ones? _____

Please return this application with a \$75 check for the non-refundable application fee.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

The Chesterfield Montessori School admits students of any race, color, national and ethnic origin to all of 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 and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs and any school-administered programs.