



**Application for Admission
2012-2013**

Student's Full Name - First, Middle, Last _____ Calling Name _____

Home Address _____

City _____ State _____ Zip _____ Home Telephone _____

Birth Date _____ Current Age (Year and Month) _____ Male Female

Preferred Start Date _____ Program: Primary (2 ½ - 6+ years)
 Elementary (6-9+ years)

School(s) Previously Attended _____ Grade/Level _____ Dates Attended _____

Parent/Guardian Full Name _____ Parent/Guardian Full Name _____

Home Address (if different than above) _____ Home Address (if different than above) _____

Telephone cell work home _____ Telephone cell work home _____

Email Address _____ Email Address _____

Which parent/guardian is responsible for child's support? _____

To whom should billing be sent if other than above?

Full Name _____ Relationship _____

Home Address _____ Home Telephone _____

Name of Business _____ Position _____ Work Telephone _____

How did you hear about Montessori In Town? _____

Other Siblings (including current school, if applicable):

The following will help us get to know your child better. Please take a moment to reflect on these questions on a separate sheet of paper:

1. What are your educational goals for your child? How do you see Montessori In Town facilitating these goals?
2. How would you describe your child's personality and learning style?
3. How do you see your child in his/her social and emotional development?
4. Does your child speak another language, or has he/she been exposed to another language? If yes, please elaborate.
5. How do you discipline your child?
6. Specify any special educational, physical, or emotional needs of your child. Has your child been diagnosed with any learning differences or academic issues?
7. Are you aware of any areas in which we might be able to give special help or encouragement to your child?

In which area(s) are you able to contribute to the Montessori In Town community (please check all that apply):

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> IT/Website | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Substitute | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Classroom support (sewing, projects, etc.) | | <input type="checkbox"/> Facilities/Repairs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ | | |

Signature of parent/guardian making application

Date

If you require the Authorization for Release of Information and Teacher Recommendation forms (required for Elementary applicants), please contact the Montessori In Town office. These forms must be delivered directly from the school office to Montessori In Town in order to be considered valid.

Return this application with a non-refundable application fee of seventy-five dollars (\$75) to:

MONTESSORI IN TOWN ATTN: OFFICE OF ADMISSIONS
1085 Ponce de Leon Avenue • Atlanta, GA 30306
Telephone: 404-784-1038
Website: www.montessoriintown.com
Email: nikki@montessoriintown.com