



**Christian Montessori School**  
**OF LAKE NORMAN**

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## **Attrition Survey**

Thank you for the opportunity to be a part of your child’s growth experience. Their presence here has truly been a blessing.

The Christian Montessori School would appreciate your input on your experiences at the school. Please take a few minutes to complete this short form and return it to us. The information received through this survey is an important part of our School Accreditation and continuous improvement process.

**My child/children will not be returning for the \_\_\_\_\_ school year.**

**How many years did your child/children attend CMSLN? \_\_\_\_\_.**

**Name of Student(s): \_\_\_\_\_ Years completed at CMSLN \_\_\_\_\_**  
\_\_\_\_\_ **Years completed at CMSLN \_\_\_\_\_**  
\_\_\_\_\_ **Years completed at CMSLN \_\_\_\_\_**

**Check by the reason that best describes why the student will not be returning:**

- Will be attending a different private school: Name of School: \_\_\_\_\_**
- Will be attending public school: Name of School: \_\_\_\_\_**
- Transfer or Relocation:**  
**To what area will you transfer or relocate? City: \_\_\_\_\_ State \_\_\_\_\_**
- Other**

**Please briefly describe the circumstances supporting the change in education for your child.**

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**Thank you again for taking the time to supply us with this valuable information.**

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**Parent’s Signature**

**Date**