Christian Montessori School at Lake Norman

14101 Stumptown Road
Huntersville, NC 28078
Phone: 704-875-1801 Fax: 704-875-9799

Application for program: **School Year: 20____ - 20 ____**

_____Toddler 8:30-12:00 (__ Tues./Wed. __ Mon./Wed./Fri.)
_____Toddler 8:30-3:00 (Mon.-Fri.) _____Toddler 7:30-6:00 (Mon.-Fri.)
_____Primary 8:30-12:00 _____Primary 8:30-3:00 _____Primary 7:30-6:00
_____Grades 1-3 Lower Elementary 8:15-3:30_____Before School 3:30-6:00
_____Grades 4-6 Upper Elementary 8:15-3:30_____After School 7:30-8:15

Students Name:		
Date of Birth	Place of Birth	Social Sec. No.

Student's home address Parent(s) Guardian(s)		Home Tel:
Address:		
City:	State:	Zip code:
E-mail Address:		

List all members of student's household:		
Parent(s) or Guardian(s)		
Other adult(s)		
Siblings	Age	Present School

Father's Information:		
Father's full name		
Address:		
City:	St:	Zip Code:
Home Tel:	Work Tel:	
Employer	Position	
Education level:		

Family Status:			
	Parents married		Parents Separated
	Parents divorced		Mother re-married
	Mother deceased		Father re-married
	Father deceased		Student adopted
Financial responsibility for student's tuition:			
Address if different from above:			

Mother's Information:		
Mother's full name		
Address		
City:	St:	Zip Code:
Home Tel:	Work Tel:	
Employer:	Position:	
Education level:		

Maternal Grandparents:		
Name		
Address		
City	St	Zip code

Paternal Grandparents:		
Name		
Address		
City	St	Zip code

General Background, Medical, and Educational Information		
Names and relationships of any family members who have attended Christian Montessori School at Lake Norman		
Your child's present school:		Dates of Enrollment
School's Address		School Tel:
Teacher or Advisor		
Previous Schools	Address	Dates of Enrollment

Has your child had any specialized evaluations? If so, please list:		
Test/Evaluation	Administered by	Date

Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.

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.
Does your child have any particular fears that may impact their day at school?
Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.
Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed?

What is it about Christian Montessori School at Lake Norman 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.
Describe the aspects of your child's previous school experience with which you have been most pleased?
Has your child experienced any difficulties in school? If so, what support has you or the school provided?
What would you most like to see our school accomplish with your child over the next few years?
How does your child spend his/her time outside of the school? (sports, clubs,hobbies,scouts,classes, special activities, etc...)
What are your child's interests at this time?

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

An application fee of $75.00, should accompany your application. This fee is not refundable. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Christian Montessori School at Lake Norman, and as authorization to our office to obtain transcripts recommended from previous schools.

***********Detach and mail to current school in which the child is enrolled.***********

Authorization for the Release of Records

School: _____

Address: _____

On behalf of my child, _____, who is presently enrolled as a student at your school, I have applied for admission to **Christian Montessori School at Lake Norman** 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, teachers' comments, and observations of his/her overall development and progress. Enclosed you will also find copies of our confidential recommendation forms to be completed by the appropriate staff members.

Signature of Parent or Guardian: _____ Date: _____

Please forward these records to:
Admissions Committee,
Christian Montessori School at Lake Norman
14010 Stumptown Road, Huntersville, NC 28078
704-875-1801(phone) 704-875-9799(fax)