

Chesapeake Montessori School
Elementary Application
Prospective Student Information Form

Name of Parent(s) _____

Address _____

Phone number _____ Cell _____

Email address _____

Child's Information

Name of Child _____ Gender: M F

Birth date of Child _____ Grade Placement in September _____

What is your preferred daily schedule?

_____ 8:30 to 3:10 (School Day) _____ 7:30-5:30 (Full Day)

Will your child attend School Year or Year-Round? SY YR

Is your child transferring from another Montessori School? Y N

If yes, name of school and city _____

If no, name of current school and city _____

Briefly explain why you are moving your child from their current school:

Does your child have a diagnosed learning disability? Y N

To better meet the needs of your child, please explain your child's learning disability:

Does your child have a diagnosed behavioral or developmental disability? Y N

Please explain if you answered yes.

Has your child ever been asked to leave another school for any reason? Please explain if yes.

Have you ever received a notification from a school your child attended stating they have excess tardiness or absences? Y N

If yes, please explain.

How would you rate your child's attendance? Please circle one:

Excellent

Good

Poor

How long would you be committed to keeping your child at Chesapeake Montessori?

Through Grade Three

Through Grade Six

Does your child interact well with other children? Y N Sometimes

Does your child follow directions? Y N Sometimes

Can your child work independently of an adult? Y N Sometimes

How would you rate your child's academic level? Low Average High

How would you rate your child's maturity level? Immature Average Mature

The Montessori elementary classroom requires children to have:

- a strong academic background,
- the ability to work independently (without frequent teacher redirection),
- the ability to follow directions,
- the ability to consistently make positive behavioral choices, and
- a desire to put forth effort for his/her own learning.

Do you think your child will fit into this environment? If yes, please explain.

Does your child have any diagnosed food allergies? Y N

Please explain the allergy, how it will potentially impact your child at school, and if we will/may need to administer emergency medication.

Has your child been vaccinated according to the VDOH recommended vaccine schedule? Y N

We do not accept non-vaccinated children at CMS. Please explain if you answered No.

What questions would you like us to address?

How did you hear about Chesapeake Montessori School?

I agree that I have answered these questions truthfully, honestly, and to the best of my ability.

Signature: _____

Please return this completed application to Chesapeake Montessori School with a \$50.00 nonrefundable application fee. Once the form and the fee are received, you will be contacted for an interview.