



FOR SCHOOL USE ONLY

Date App. Rcvd.: _____

Date of Admission: _____

Date of Withdrawal: _____

APPLICATION FOR ADMISSION

www.cambridgemonessori.com

STUDENT INFORMATION

First Middle Last
 F M
Preferred Name Birth date (MM/DD/YY) Gender

School Year Applying For _____

PROGRAM: Wobblers (12–25 mo.) 5 Day Half Day Extended Day All Day
 Transition (25 mo.–3+ years) 3 Day 5 Day Half Day Extended Day All Day
 Pre-Primary (3+ years–Kinder) 5 Day Half Day Extended Day All Day
 Traditional Elementary (Grades 1–2) 5 Day Extended Day All Day

ELEMENTARY BEFORE AND AFTER SCHOOL PROGRAMS:

Before School After School Before and After School Grade: _____
 Walker Station Brazos Bend Cornerstone

EDUCATION HISTORY

Will Cambridge Montessori be your child's first experience with a school or child care environment? Yes No

May we contact your child's previous school/child care? Yes No

Applicant's Current School / Child Care _____ Age(s) While Attending _____

Address City State ZIP Phone Number

Previous School / Child Care _____ Age(s) While Attending _____

Address City State ZIP Phone Number

Has your child ever been dismissed , suspended or denied admission by any school / child care for any reason? No

If yes, please explain: _____

Has your child previously applied to Cambridge? Yes No When? _____ For what class? _____

Has your child previously enrolled at Cambridge? Yes No When? _____ For what class? _____

PARENT / GUARDIAN I

(Please Check) Father Mother Stepfather Stepmother Guardian Other: _____

(Please Check) Mr. Ms. Mrs. Dr. Other: _____ Check if this person is responsible for school related decisions

First Middle Last Preferred Name

Street Home Phone

City State ZIP

Place of Employment Title Work Phone

Street Cell Phone

City State ZIP

Name of Non-Custodial Spouse (if applicable) Work Phone Cell Phone

Community Involvements (board service, volunteer work, memberships)

E-mail Address Check if you want e-mail notices from Cambridge sent to this e-mail address.

PARENT / GUARDIAN II

(Please Check) Father Mother Stepfather Stepmother Guardian Other: _____

(Please Check) Mr. Ms. Mrs. Dr. Other: _____ Check if this person is responsible for school related decisions

First Middle Last Preferred Name

Street Home Phone

City State ZIP

Place of Employment Title Work Phone

Street Cell Phone

City State ZIP

Name of Non-Custodial Spouse (if applicable) Work Phone Cell Phone

Community Involvements (board service, volunteer work, memberships)

E-mail Address Check if you want e-mail notices from Cambridge sent to this e-mail address.

Check if appropriate: Parents Separated Parents Divorced Father Deceased Mother Deceased Single Parent

If parents are divorced, who has legal custody? _____

With whom does the child live? _____

SIBLINGS

_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Sex	Current Grade	Attending CMS	Applying to CMS
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Sex	Current Grade	Attending CMS	Applying to CMS
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Sex	Current Grade	Attending CMS	Applying to CMS
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Sex	Current Grade	Attending CMS	Applying to CMS

HELP US GET TO KNOW YOUR CHILD BETTER

Describe your child's interests: _____

Describe any unusual behavior: _____

What immediate goals do you have for your child's academic, social, and emotional development? _____

Are there any areas that concern you regarding your child's academic progress? If so, please explain _____

Are there any areas of concerns regarding your child's social development? _____

Is there any information you would like to share in order to assign a proper classroom for your child? _____

ADDITIONAL INFORMATION

Is English your child's first language? Yes No

Does your child speak and understand English? Yes No

Languages(s) other than English spoken at home: _____

How did you hear about Cambridge Montessori School? _____

Please list members of our community who recommended us to you. _____

TUITION INFORMATION

Cambridge Montessori School's Registration and Supply Fees are non-refundable. The school's Security Deposit is refundable with a **written notice** delivered one month prior to withdrawal while your child is still in attendance at school. Tuition is not prorated if your child is sick, you are on vacation, or if the school is closed due to holidays or emergencies. Please refer to the tuition fee schedule for more details.

I have read and understood the policies above, and declare that I accept financial responsibility and will adhere to the said policies agreed upon at the time of enrollment. I have received, read, and understood the policies in the Parent's Handbook.

Parent/Guardian Signature(s)

Date

PHOTO AND VIDEO PERMISSION

Cambridge Montessori School (CMS) occasionally takes photos and videos of our students during school activities. Some of these photos and videos are used for the CMS website, newsletters, and/or bulletin boards for school-related purposes. A photo or video clip of your child will only be used if you sign the written release below. We will never reference your child by name or provide any specific information regarding your child.

I grant CMS permission to use photos and video clips of my child for the school website, newsletters, bulletin boards, promotional materials.

Parent/Guardian Signature(s)

Date

AFTER SCHOOL STUDENTS (ONLY)

My child attends the following school and his/her current immunization records and vision/hearing screening results are on file at the school.

School	Address, City, State, Zip	Phone Number
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Parent/Guardian Signature(s)

Date

ADMISSIONS POLICY

Cambridge Montessori School admits qualified students of any race, color, national or ethnic origin to all 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 or ethnic origin in administration of its educational policies, admission policies, or other school-administered programs.

I/we certify that all the information provided above is complete, factually correct and honestly presented and that no substantive information has been omitted.

In consideration of acceptance of my child, _____, as a student at Cambridge Montessori School, the undersigned agree(s) to indemnify Cambridge Montessori School, its Director, and its employees against any claims or demands made by or on behalf of _____.
(Child's Name)

I understand that my child's enrollment in Cambridge Montessori School is provisional for the initial 6–8 week period during which his/her readiness for the adaptability to the school will be determined.

Parent/Guardian Signature(s)

Date

REV 07/14