



MONTESSORI ACADEMY OF CHAMBERSBURG

ADMISSION APPLICATION

School Year Applying For: _____

Date: _____

CANDIDATE INFORMATION

Student's Name: _____
Last First Middle Gender

Home Address: _____
Street City/State/Zip County

Home Phone Number: _____ Age: _____ Birth Date: _____ Current Grade Level: _____
Month/ Day/ Yr

Applying For: Toddler program Children's House Age 3 Children's House Age 4
 Kindergarten Grade (1st-12th) _____

Number of optional afternoons (12:00-3:00 PM) for Toddler and Children's House (excluding kindergarten):
 2 3 5

Do you anticipate enrolling in the before (7:00am-8:30am) or after (3:00-5:30) care programs? Yes No

Language(s) spoken at home: _____

FAMILY INFORMATION

Parent/Guardian

Parent/Guardian

First Middle Last

First Middle Last

Home address

Home address

Home Phone Cell phone

Home Phone Cell phone

Occupation/Title

Occupation/Title

Business Name

Business Name

Business Address

Business Address

Business Telephone Business Fax

Business Telephone Business Fax

Preferred Email

Preferred Email

Who should receive school mailings? _____

Student lives with the following: (check all that apply): Father Mother Other _____

Please return this form with a \$50 non-refundable application fee to Montessori Academy of Chambersburg.

Current School: _____ Independent Public Parochial

Principal/Head of School: _____
Name Title

Address: _____ Telephone: _____

City State Zip Fax: _____

Please list all previous schools attended by the applicant and provide dates:

Name	Grade(s)	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Siblings:

Name	Birth date	Gender	Current Grade	Current School	Attended a Montessori School?
_____					<input type="checkbox"/> YES <input type="checkbox"/> NO
_____					<input type="checkbox"/> YES <input type="checkbox"/> NO
_____					<input type="checkbox"/> YES <input type="checkbox"/> NO

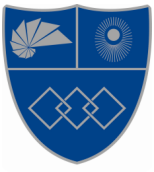
Once a child is accepted and enrolled at Montessori Academy of Chambersburg, we are committed to his or her emotional, social, and cognitive growth through the twelfth grade. Our curriculum is continuous from our Toddler program through the High School. The curriculum at each level builds on the skills and knowledge acquired in the previous level. We believe that a child maximizes his or her potential growth by completing our program through the twelfth grade.

**Please return this Application, Authorization for the Release of Records (for school age children only), and the non-refundable application fee of \$50.00 to:
Head of School, Montessori Academy of Chambersburg, 875 Ragged Edge Road, Chambersburg, PA 17201**

Signature of Parent(s) or Guardian(s) Date

Signature of Parent(s) or Guardian(s) Date

Montessori Academy of Chambersburg admits students of any race, color, gender, nationality or ethnic origin to all rights, privileges, programs and activities generally accepted, accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, gender, religion, nationality or ethnic origin in the administration of its educational policies, admissions policies, financial aid program, and any other school-administered programs.



PARENTS' CONFIDENTIAL COMMENTS

Date: _____

1. Please describe your family: applicant's siblings, relationships, and activities of the family unit.

2. Characterize your child's social characteristics: sense of humor, assertiveness, self-reliance, shyness, etc.

3. Are there any family circumstances about which we should be aware that might affect your child's adjustment/performance?

4. Has the applicant undergone any special educational testing? YES NO
If yes, please submit results and reports from testing with this application.

5. Please make any additional comments about your child and/or your family which you feel might be helpful to us.

6. What are your goals for your child as a student of Montessori Academy of Chambersburg?
