

Montessori School at Holy Rosary Preliminary Application

For Office Use Only
Rec'd App. Fee _____
Date _____
Obs. Date _____
Waiting List No. _____
Interview Date _____

Name of Child: _____ **Birth Date:** _____ **Gender:** _____

PLEASE CHECK PROGRAM DESIRED AND INDICATE ESTIMATED START DATE

Primary Montessori: _____ **All-Day:** _____
(3 - 6 year olds) 8:30 a.m. - 11:30 a.m. **OR** (3 - 6 year olds) 7:30 a.m. - 6:00 p.m.

Extended Day: _____
(5 year olds) 8:30 a.m. - 3:15 p.m.

START DATE: _____
(month & year)

Elementary Montessori: _____
(6 - 12 year olds) 8:15 a.m. - 3:15 p.m.

Elementary Before & After-School: _____
(6 - 12 year olds) 7:30 a.m. - 6:00 p.m.

Name of Father / Guardian: _____ **Home Phone:** _____

Home Address: _____

Business / Profession: _____ **Work Phone:** _____
E-mail: _____

Name of Mother / Guardian: _____ **Home Phone:** _____

Home Address: _____

Business / Profession: _____ **Work Phone:** _____
E-mail: _____

Education of Father:
Name of High School: _____

Continued Educational Program/Degree: _____

Post Grad: _____

Education of Mother:
Name of High School: _____

Continued Educational Program/Degree: _____

Post Grad: _____

The Montessori School at Holy Rosary will not discriminate based upon race, color, gender, nor ethnic origin.

Please complete both sides of this form and return it to: 12009 Mayfield Road, Cleveland, OH 44106

Name and birth-date of sibling(s): _____

Name(s) of school(s) sibling(s) attend: _____

Name of applicant's previous school: _____

Previous school's address: _____

Dates of attendance at previous school: From: _____ To: _____

As parent or guardian of the applicant, I authorize the release of any/all information or records from the above school to The Montessori School at Holy Rosary.

Signature: _____ Date: _____

Name of parent/guardian who has observed at The Montessori School at Holy Rosary: _____

(A classroom observation is recommended prior to the applicant's interview for acceptance.)

Is the applicant related to a present or past student of The Montessori School at Holy Rosary? _____

If yes, please give the name and applicant's relation to that student: _____

How did you first hear about The Montessori School at Holy Rosary? _____

Do you understand that the transportation for your child is your responsibility? _____

We reside in the _____ Public School District.

What benefits do you expect your child to derive from a Montessori Education? (Attach another sheet of paper if necessary)

We recognize that Montessori primary is a **THREE YEAR** program wherein a child normally enters at age 3, remains through age 6, and therefore would not go to another type of "Kindergarten," but would remain at The Montessori School at Holy Rosary until he/she was ready to go on to first-grade or elementary Montessori. If our child is accepted into The Montessori School at Holy Rosary, we agree to utilize the fullness of the program by enrolling for the entire three years.

We recognize that the elementary Montessori program is a **SIX YEAR** program wherein a child normally enters at Grade One and remains through Grade Six. We understand that this six-year cycle is necessary for the child to benefit properly from The Montessori Elementary experience. We are aware that the final decision regarding classroom placement is the sole responsibility of the school.

We understand that if our child is not accepted for admission this year and if we would like him/her to be considered for the following year, we are to notify The Montessori School at Holy Rosary by mid-year to reactivate this application (at no additional charge).

An application fee of **\$35.00 for Primary-age** students or **\$50.00 for Elementary-age** students is required.

Authorized signature
of Parent/Guardian: _____ Date: _____

To whom should correspondence be addressed? Please list the name(s) and title(s) as you would like them to appear on all correspondence:

Name (s): _____

Address: _____