

APPLICATION FOR ADMISSION

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Female  Male Desired Date of Entrance \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PROGRAM(S) DESIRED:

- Toddler Half Day  Primary Half Day  Elementary  Extended Care (BEFORE AND AFTER SCHOOL)  
 Toddler Full Day  Primary Full Day  Winter and Spring Break Care

PARENT(S)

PARENT/GUARDIAN

Name  Ms.  Mrs.  Mr.  Dr. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

PARENT/GUARDIAN

Name  Ms.  Mrs.  Mr.  Dr. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

SIBLINGS

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

APPLICATION FOR ADMISSION CONTINUED

**TUITION**

Bills will be sent via email. Preferred billing email address(es) \_\_\_\_\_

**BACKGROUND**

SCHOOLS PREVIOUSLY ATTENDED

Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates Attended \_\_\_\_\_

Is a language other than English spoken in your home?  No  Yes What language(s)? \_\_\_\_\_

What special out-of-school activities does your child participate in?  
\_\_\_\_\_

What activities do you enjoy as a family?  
\_\_\_\_\_

What are your child's strengths/challenges?  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any academic testing, developmental evaluations, or diagnosed medical conditions?

PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

Who recommended CMS to you, or what was your source of information?

(FRIEND, WEBSITE, ADVERTISEMENT, INDEPENDENT SCHOOLS OF ST. LOUIS, ETC.) \_\_\_\_\_  
\_\_\_\_\_

Are you applying to other schools?  No  Yes Which ones? \_\_\_\_\_

PLEASE RETURN THIS APPLICATION WITH A NONREFUNDABLE APPLICATION FEE OF \$75

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The Chesterfield Montessori School admits students of any race, color, national and ethnic origin to all of 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 and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs and any school-administered programs.

RECOGNIZED BY ASSOCIATION MONTESSORI INTERNATIONALE (AMI)  
ACCREDITED BY INDEPENDENT SCHOOLS ASSOCIATION OF THE CENTRAL STATES (ISACS)  
MEMBER, INDEPENDENT SCHOOLS ST. LOUIS (ISSL)  
MEMBER, NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS)