Montessori Community School

APPLICATION FOR ENROLLMENT

Date of application _____
For academic year _____

Name of child _____ Preferred name _____
(last) (first) (middle)

Date of birth ___/_____/_____ Gender ___male ___ female Place of birth _____

Current age ____ Current grade _____

Please enclose a check payable to Montessori Community School for the non-refundable application fee of $100.00.
The sibling (second child application or sibling of current MCS student) non-refundable application fee is $50.00
For financial aid information, please visit: http://www.mcsdurham.org/admissions/financial-assistance

PARENT / GUARDIAN INFORMATION

Best contact phone number _____

Parent/Guardian 1 _____	Parent/Guardian 2 _____
Relationship to child _____	Relationship to child _____
Address _____	Address (if different) _____
_____	_____
Occupation _____	Occupation _____
Employer _____	Employer _____
Phone 1 _____	Phone 1 _____
Phone 2 _____	Phone 2 _____
Email _____	Email _____

Sibling's name _____ Age ____ Gender____ School _____
Sibling's name _____ Age ____ Gender____ School _____
Sibling's name _____ Age ____ Gender____ School _____

Does your child have a sibling who has ever attended or is currently attending Montessori Community School? _____

List your child's previous school experience(s):

School name _____ City, State _____
Years attended _____ to _____

School name _____ City, State _____
Years attended _____ to _____

MCS welcomes children, ages 18 months through 8th grade, of all ethnicities, socioeconomic backgrounds, gender identities, family structures, sexual orientations, racial identities, national origins, religions, and abilities.

(OVER)

Programs
Montessori Community School offers before school care from 7:30 to 8:15 and after school care until 5:45 for all ages of students. For students in the Toddler Program or in the Primary Program before their Elder (Kindergarten) year, Montessori Community School offers both a Half Day and Full Day Program.

Indicate the program(s) in which you wish to enroll your child:

_____ Toddler Half Day (18 months – 3 years) 8:15 – 11:30
_____ Toddler Full Day (18 months – 3 years) 8:15 – 3:00
_____ Primary Half Day (3 - 4 year olds) 8:15 – 11:45
_____ Primary Full Day (3- 4 year olds) 8:15 – 3:00
_____ Primary Elder (5 year olds)* 8:15 – 3:00

_____ Elementary (1st - 6th grades) 8:15 – 3:15
_____ Adolescent (7th - 8th grades) 8:15 – 3:30

_____ Before School Care 7:30 – 8:15
_____ After School Care until 5:45

*As of August 31st

Please tell us how you heard about Montessori Community School _____

_____

What aspects of Montessori Community School particularly made you want to apply? _____

_____

We believe that a Montessori education can benefit students with a wide range of learning styles. The Montessori approach is especially welcome to parents of eager, motivated explorers of knowledge, but it can also serve any child whose needs can be met in a mixed-age classroom setting with reasonable accommodations. In order for us to better get to know your child and needs, please answer the following questions:

What are your immediate educational goals for your child? _____

_____

How do you see Montessori Community School assisting you in meeting those goals? _____

_____

If your child has had previous school experience, what is your main reason for a change? _____

_____

_____

What would you most like us to know about your child (temperament, learning style, separation difficulties, medical information, or languages spoken in the home)? _____

_____

_____

What kinds of structure or adult direction do you feel your child needs in order to perform at his or her best? _____

_____

_____

(Optional) Has your child previously received support services or testing? _____ If yes, please describe _____

_____

MCS Mission Statement: *We are a vibrant community where together, through our dynamic and relevant curriculum, we guide students toward self-discovery and realization of their unique contributions to the world.*