



For Office Use Only

Date Received	Start Date	Filed By
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The New School Montessori Center

APPLICATION FOR ADMISSION

Student Information

Child's Name _____
Last Name First Name Middle Preferred Name

Date of Birth ____ / ____ / ____ [] Male [] Female Years of Prior School Experience ____

Street Address _____

City, State, Zip Code _____ County _____

Present or Most Recent School _____ Years Attended: From ____ to ____

Family / Guardian Information

Student resides with: [] Both Parents [] Mother [] Father [] Shared Custody [] Guardian(s)

Mother / Guardian _____
Last Name First Name Middle

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email _____

Father / Guardian _____
Last Name First Name Middle

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email _____

Program Selection

Requested Start Date ____ / ____ / ____ Age of Student upon Enrollment ____ / ____ (years/months)

Infant, Toddler Ones and Toddler Twos Programs (6 weeks to 3 year olds)

Please select a program: [] Infants [] Toddler Ones [] Toddler Twos

Please select a schedule: [] Half Day (8:25am to 12:00pm) [] Full Day (8:25am to 4:30pm)

Early Childhood Program (3 to 6 year olds)

Please select a schedule:

Half Day Schedule (8:25am to 12:00pm)

Extended Day Schedule (8:25am to 3:00pm)

Sibling Schedule (8:25am to 3:30pm)

Full Day Schedule (8:25am to 4:30pm)

Are you requesting your child to be admitted into our Kindergarten program: YES NO

Elementary and Middle School Programs (6 to 14 year olds)

Please select a program (all programs run from 8:25am to 3:30pm):

Lower Elementary (6 to 9 years)

Upper Elementary (9 to 12 years)

Middle School (12 to 14 years)

Grade Level Applying for: 1 2 3 4 5 6 7 8

Student Information

- Please provide any information concerning your child that would be helpful to share (such as medical facts, interests, eating and sleeping habits, concerns, fears, etc.):

- Does your child have any special learning, behavioral, or developmental needs that concern you or that have been diagnosed? If so, please list all concerns in order to assist teachers prepare an appropriate program:

- What do you see as your child’s strengths? _____

- What specific goals do you have for your child? _____

- Through what grade level do you plan to have your child attend The New School: _____

A \$200 non-refundable application fee must accompany this application. Your check will not be processed until such time that a space is available for your child.

Please sign below to confirm your submission of this application and return the completed form with your \$200 check or money order payable to: The New School Inc., 5617 Sunset Lake Road, Holly Springs, NC 27539

Parent/Guardian Name _____

Signature _____ Date ____ / ____ / ____

The New School admits students without regard to race, religion, gender, age, national or ethnic origin.