



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.):

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- 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

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- What do you see are your child's strengths? \_\_\_\_\_

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- What specific goals do you have for your child? \_\_\_\_\_

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- 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 return this completed application along with the \$200 made payable to:

The New School Inc.  
5617 Sunset Lake Road  
Holly Springs, NC 27539

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