



Greensboro Montessori School

Your Child's Application for Admission

Child's Name: _____
(First) (Middle) (Last)

Preferred Name: _____ Date of Birth: _____ Gender: _____

When would you like to enroll your child? Month: _____ and Year: _____

How old will your child be at that time? Years: _____ and Months: _____

What program are you interested in for your child?

☐ **Toddler** (18 months to 3 years old; three-day option available)

Half Day

8:15 a.m. to 12 p.m.

☐ Three Days (Tues., Wed. and Thur.)

☐ Five Days (Monday through Friday)

Academic Day

8:15 a.m. to 3 p.m.

☐ Three Days (Tues., Wed. and Thur.)

☐ Five Days (Monday through Friday)

All Day (5 Days Only)

7:30 a.m. to 6 p.m.

☐ Five Days (Monday through Friday)

☐ **Primary** (3 to 6 years old; includes kindergarten)

3 years old

☐ Half Day (8:15 a.m. to 12 p.m.)

☐ Academic Day (8:15 a.m. to 3 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Pre-K (4 years old)

☐ Half Day (8:15 a.m. to 12 p.m.)

☐ Academic Day (8:15 a.m. to 3 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Kindergarten (5 years old)

☐ Academic Day (8:15 a.m. to 3 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

☐ **Lower Elementary** (first to third grade)

First Grade

☐ Academic Day (8 a.m. to 3:15 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Second Grade

☐ Academic Day (8 a.m. to 3:15 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Third Grade

☐ Academic Day (8 a.m. to 3:15 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

☐ **Upper Elementary** (fourth to sixth grade)

Fourth Grade

☐ Academic Day (8 a.m. to 3:30 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Fifth Grade

☐ Academic Day (8 a.m. to 3:30 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Sixth Grade

☐ Academic Day (8 a.m. to 3:30 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

☐ **Junior High** (seventh to ninth grade)

Seventh Grade

☐ Academic Day (8 a.m. to 3:30 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Eighth Grade

☐ Academic Day (8 a.m. to 3:30 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

Ninth Grade

☐ Academic Day (8 a.m. to 3:30 p.m.)

☐ All Day (7:30 a.m. to 6 p.m.)

2856 Horse Pen Creek Road, Greensboro, NC 27410

Phone: 336-668-0119 | Fax: 336-665-9531

www.gms.org

Please tell us about you and your family.

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other: _____

Name: _____
(First) (Middle Initial) (Last) (Suffix)

Preferred Name (if different from above): _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Areas of Special Interest:

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other: _____

Name: _____
(First) (Middle Initial) (Last) (Suffix)

Preferred Name (if different from above): _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Areas of Special Interest:

With whom does your child live?

Please select all that apply.

- ☐ Mother ☐ Stepfather
☐ Father ☐ Stepmother
☐ Mothers ☐ Grandparent(s)
☐ Fathers ☐ Guardian

Would you like to share any other family considerations?

Please select all that apply

- ☐ Student adopted ☐ Parents separated ☐ Mother has custody
☐ Adoption in progress ☐ Parents divorced ☐ Father has custody
☐ Mother deceased ☐ Mother remarried ☐ Joint custody
☐ Father deceased ☐ Father remarried ☐ Single parent home

Do you speak any language other than English in your home, and if so, to what extent?

So that we may get to know you better, please share any other special characteristics about your family.

Does your child have any siblings?

Sibling One: ☐ Female ☐ Male

Name: _____

Age: _____ Grade: _____

Present School: _____

Sibling Two: ☐ Female ☐ Male

Name: _____

Age: _____ Grade: _____

Present School: _____

Sibling Three: ☐ Female ☐ Male

Name: _____

Age: _____ Grade: _____

Present School: _____

What is your child's academic history?

Please tell us about any daycare(s) or school(s) your child has attended in the last three years, including the current year.

School Name: _____

School Name: _____

City: _____ State: _____

City: _____ State: _____

Phone: _____

Phone: _____

Year(s) Attended: _____ Grade(s) Attended: _____

Year(s) Attended: _____ Grade(s) Attended: _____

Teacher(s): _____

Teacher(s): _____

If you are applying for kindergarten or first through ninth grade, we request Teacher Information Form(s) from your child's current teacher(s). All Teacher Information Forms are confidential and should be mailed directly to Greensboro Montessori School by the teacher(s) completing the form(s). If applicable, please let us know who will complete and mail these forms for your child.

Kindergarten, First through Fifth Grade

Current Teacher

Name: _____

School: _____

Sixth through Ninth Grade

Current English Teacher

Name: _____

School: _____

Sixth through Ninth Grade

Current Math Teacher

Name: _____

School: _____

Please tell us more about your child.

What is your child's learning style? What are his or her strengths and challenges?

What are your goals for your child while at Greensboro Montessori School?

Tell us more about your child's previous school or educational environment. What went well, and what could have been better?

Does your child have any unique needs such as dietary restrictions, food allergies, behavioral concerns, physical limitations, learning differences or other health considerations? Are there areas in which you believe your child may have exceptional strengths, challenges or delays? If so, please provide more details about these needs.

Has your child ever been recommended for or received any psychological or educational testing? If so, tell us more about his or her testing and share the dates of any tests and names of the specialists who conducted the tests.

Please share any other information about your child that will help us get to know him or her better. We welcome any information about special interests, awards and achievements, social relations with siblings and other children, how your child handles transitions and adapts to new situations, etc.

Do you wish to be considered for need-based financial aid? ☐ Yes ☐ No

If you selected, “Yes,” please contact the Director of Admission to learn more about deadlines and application procedures. Financial aid is granted on an annual basis and is available to students enrolling in kindergarten through ninth grade.

I first learned about Greensboro Montessori School from:

☐ Advertisement ☐ Website ☐ Referral from: _____ ☐ Other: _____

Complete your child’s application.

I /We certify, to the best of my/our knowledge, that all of the information provided in this application is true and accurate.

Signature: _____ Printed Name: _____

Date: _____ ☐ Yes, I have attached the required, non-refundable \$100 application processing fee.

Greensboro Montessori School does not discriminate on the basis of race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, national or ethnic origin, disability (to the extent that reasonable accommodations are possible), marital status, socioeconomic status, military status, genetic information, or any other category or characteristic protected by federal, state, or local law, in the administration of its educational policies, admissions policies, financial aid policies, employment practices, and other school-administered program.

OFFICE USE ONLY

Date of Campus Tour: _____

Date Application Received _____

Check # _____