



Date: _____ received	Office use only: App. Entered
_____ Parent visit	Records Requested
_____ Student Visit	Records Received
Check # _____	Amount: _____

Application for grade _____ **School year** _____ — _____

Student's full name _____
(As it should appear on school records)

_____ Date of birth _____ Place of birth _____ Student's Social Security Number _____ male/female

Student's home address:
Parents/Guardian(s): _____

Address: _____

_____ City _____ State _____ Zip Code _____

Email Address: _____

<p>Home Telephone: _____</p> <p>Please List all members of the student's family household:</p> <p>Parents: _____</p> <p>Other Adults: _____</p> <table border="0"> <tr> <td style="text-align: center;">Sibling</td> <td style="text-align: center;">Age</td> <td style="text-align: center;">Present School</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Family Status:</p> <table border="0"> <tr> <td><input type="checkbox"/> Parents Married</td> <td><input type="checkbox"/> Father Deceased</td> </tr> <tr> <td><input type="checkbox"/> Parents Separated</td> <td><input type="checkbox"/> Mother Deceased</td> </tr> <tr> <td><input type="checkbox"/> Parents Divorced</td> <td><input type="checkbox"/> Father Remarried</td> </tr> <tr> <td><input type="checkbox"/> Mother Remarried</td> <td></td> </tr> </table> <p>Was the student adopted? _____ Date: _____</p> <hr/> <p>Financial responsibly for the student's tuition will be assumed by: _____</p> <p>Address if different from above: _____</p>	Sibling	Age	Present School	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Parents Married	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Mother Remarried		<p>Fathers Full Name: _____</p> <p>Street: _____</p> <p>_____ City _____ State _____ Zip _____</p> <p>_____ Home Phone _____ Work Phone _____</p> <p>Employer _____ Position _____</p> <p>Colleges Attended: Degrees _____</p> <p>Mothers Full Name: _____</p> <p>Street: _____</p> <p>_____ City _____ State _____ Zip _____</p> <p>_____ Home Phone _____ Work Phone _____</p> <p>Employer _____ Position _____</p> <p>Colleges Attended: Degrees _____</p>
Sibling	Age	Present School																
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<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Father Remarried																	
<input type="checkbox"/> Mother Remarried																		

**Return this application and a \$50.00 non-refundable application fee to:
The Children's Tree Montessori School, 96 Essex Road, Old Saybrook, CT 06475**

Please indicate the program in which you would like to enroll your child

<p>Primary (Pre-school/Kindergarten)</p> <p>3-6 years _____ 9:00-11:30 M-F _____ 9:00-12:30 M-F _____ 11:30-3:00 M-F _____ 12:30-3:00 M-F _____ 9:00-3:00 M-F _____ Split Day 2 Full/3 half _____ Split Day 3 Full/2 half</p>	<p>Elementary (1st – 6th grade)</p> <p>6-9 years _____ 8:45 – 3:00 M-F 9-12 years _____ 8:45 - 3:00 M-F</p>	<p>Check all that apply:</p> <p>____ Immediate opening ____ Summer ____ Fall ____ Winter ____ Before school ____ After School</p>
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How did you hear about The Children's Tree Montessori School? _____

Names and relationship of any family members who have attended CT Montessori? _____

Your child's present school/daycare: _____ Dates of enrollment _____

School's address: _____

School phone _____ Teacher or Advisor _____

Has your child had any specialized tests or evaluations? If so, please list:

Test/Evaluation _____ Administered by _____ Date _____

Test/Evaluation _____ Administered by _____ Date _____

Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.

Health

Describe your child's general health _____

Does your child have any physical limitations or allergies which would limit his/her participation in the full range of school activities? If so, please describe them briefly. _____

Has your child ever suffered any serious illness, injury, or hospitalization? _____

Is your child currently receiving any medication? If so, please list. _____

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed?

What is it about CT Montessori that appeals to you? Why do you think it would make a good choice for your son or daughter?

Describe your child's previous school experience.

Describe the aspects of your child's previous school experience with which you have been most pleased?

Has your child experienced any difficulties in school? If so, what support have you or the school provided?

What would you most like to see our school accomplish with your child over the next few years?

How does your child spend his/her time outside of school? (e.g. sports, hobbies, scouts, classes)?

What is your child's major interests at this time?

Please describe your child's social relationships with adults and other children.

Please enclose the application fee of \$50.00 with your application. This fee is non refundable. Your application is regarded as a formal request for consideration of you son or daughter as a potential student of CT Montessori, and as authorization to our office to obtain transcripts and recommendations from previous schools.

The Children's Tree Montessori welcome and considers all applications without regard to race, religion, or ethnic or national background.

