



Cedars Montessori School

Elementary Application Form



date: _____ year of enrollment: _____

Family Contact Information:

child's name: _____ date of birth: _____

address: _____

home phone: _____

mother's name: _____

father's name: _____

email address: _____

email address: _____

daytime phone: _____

daytime phone: _____

significant relatives: _____

relationship: _____ daytime phone: _____

alternate address: _____

siblings:

1) _____ age: _____ school: _____

2) _____ age: _____ school: _____

3) _____ age: _____ school: _____

Education History:

previous school attended: _____

dates: _____ teacher: _____ grade completed: _____

Montessori experience? yes / no how many years? _____

Personal Information:

What special interests does your child have?

What would you identify as your child's major strengths?

What would you identify as your child's biggest challenge?

What are some of your child's unique talents?

What are you looking for your child to get from attending Cedars?

What questions do you have about Montessori at the elementary level?

Any medical conditions or prescribed medications your child has? yes / no

If "yes", please explain: