



Application Date: _____

CHILD'S NAME

_____ Sex: M F _____

HOME ADDRESS

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name _____

Name _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

Cellular Phone _____

Cellular Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Business Phone _____

Business Phone _____

OTHER SCHOOLS

Please list other schools or child care facilities child may have attended:
School _____ Dates of Attendance _____

SIBLINGS

Please list other children living in the home:
Child's Name Sex Age Enrolled in CMEC?

SCHOOL DISTRICT IN WHICH CHILD RESIDES: _____

GRADE CHILD WILL ENTER FOR FALL OF 2006 _____

SELECT PROGRAM FOR ACADEMIC YEAR – SEE SCHEDULE FOR START DATES:

Please check desired program option:

	Hours	2007/08 Tuition
____ Elementary Program (Grades 1-6)	8:30 - 3:30	\$6,003/year
____ Comprehensive Elementary Program	7:30 - 6:00	\$7,556/year
____ Middle School (Grades 7-8)	8:30 - 3:30	\$7,038/year
____ Comprehensive Middle School (Grades 7-8)	7:30 - 6:00	\$8,591/year
____ Limited Child Care Beginning at ____ AM PM Until ____ PM		\$ 885/hour/year

Columbus Montessori Education Center offers a second child discount of 10%

Admission to programs is open to all students regardless of race, sex, religion, ethnic origin or disability.



Does your child have any academic, physical, or emotional needs which require accommodation? _____

If so, please explain _____

Has your child participated in an educational or psychological assessment? _____

If so, please indicate which assessments and provide the results. _____

What circumstances prompt you to consider a school change for your child?

How do you think your child's needs will be better met at Columbus Montessori?

Do you plan to apply for financial aid? _____ If so, please request a financial aid form.

Application Progression

Dates

_____	Application/ Fee Received	_____	Student Interview
_____	School Records Received	_____	Contract Issued
_____	Teacher Recommendation Received	_____	Enrollment
_____	Parent Visit		

Other Contacts

Dates

Details

_____	_____
_____	_____
_____	_____
_____	_____

*Tuition charges refer to the academic year only and are subject to change.
A \$40.00 non-refundable application fee is due with completed application.*