



Montessori

APPLICATION FOR ADMISSION TO CASA MONTESSORI

To be completed by Parent or Guardian. Please clip one recent photograph of the applicant to this application.

PHOTO

Student's Last Name _____ First _____ Middle _____ Nickname, If any _____

Date desired for admission _____

Date of Birth _____ Sex _____

Place of Birth _____

Citizen of _____

Parent's Names _____

Student's Address _____

Home Telephone _____

Father's Work Telephone _____ Cell Phone _____

Mother's Work Telephone _____ Cell Phone _____

Child's Previous Schooling _____

Dates of Attendance _____

Friends of Casa montessori with whom you may be acquainted, or who Recommended the School to you _____

FAMILY BACKGROUND

Father's Full Name _____

Residence address and telephone if different from student's:

Occupation/Name of Company _____

Company Address _____

Educational Background _____

Mother's Full Name _____

Residence address and telephone if different from student's:

Occupation/Name of Company _____

Company Address _____

Educational Background _____

Check if appropriate:

Parents Div.	Parents Sep.	Father Rem.	Mother Rem	Father Dec.	Mother Dec.
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If not living with either parent, with whom does the student reside?

List brother and sisters of applicant.

Name	Age	Grade	Present School
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Which languages are spoken in your home? _____

FAMILY BACKGROUND

Please answer the following questions as completely as possible.

1. How did you find out about CASA MONTESSORI?

2. What do you expect your child to gain from a Montessori approach to learning?

3. Which activities or objects seem to hold your child's interest for the longest period of time?

4. How would you describe your child in a few words?

5. What sort of discipline, (if any) do you employ at home?

6. Which areas need to be strengthened?

7. Has your child had any experiences with children other than siblings?

8. Who takes care of your child most of the time?
Mother___ Father___ Maid___ Grandparents___ Sister___ Brother___
Relatives___ Babysitter___

9. Reason for applying to CASA MONTESSORI? (Check one)
Learn how to learn___ Best School___ Learn quickly___ Close by___

10. How many years do you plan to send your child to CASA MONTESSORI?
Preschool___ Lower Elementary___ Upper Elementary___

11. Has your child ever had learning difficulties or the needs for special attention (gifted, speech, vision, writing challenges)?

12. Reading requirement for every parent: Dr. Montessori's Own Handbook
by: Maria Montessori
Please list any other reading or experience which you have had, which you feel would be pertinent.

Date Applied: _____

Interview Date: _____

Application Fee Paid: _____

Starting Date: _____

Note: _____

Please return the non-refundable application fee of :

Casa Montessori School
17633 Lassen Street
Northridge, CA 91325-1408
(818) 886-7922
www.casamontessori.net

Pre-school through Grade 6
Non-profit, Non-sectarian
California Corporation