

CRABAPPLE MONTESSORI SCHOOL

12387 Crabapple Road
Alpharetta, GA 30004
Tel: 770.569.5200 Fax:770.569.5291



Application Form

Applicant's Name (First/Middle/Last): _____ Gender: F M

Preferred Name: _____ Birth Date: _____

Program applying for:

Toddler Program (15 (+) Months to 3 (+/-) Years) – 5 days only

_____ Half-Day (8:20am - 12:00pm) _____ Extended-Day (8:20am - 3:05pm)
_____ All-Day (7:30am - 6:00pm)

Primary Program (3 (+/-) to 6 years and toilet trained) – 5 days only

_____ Half-Day (8:00am - 12:00pm) _____ Extended-Day (8:00am - 3:00 pm)
_____ All-Day (7:30am - 6:00pm)

Elementary Program (6 to 12 years) – 5 days only

_____ Extended-Day (7:30am - 2:30pm) _____ All-Day (7:30am - 6:00pm)

Desired date of admission _____

Home Address _____

Subdivision: _____ Phone Number _____

School currently attending _____

Address: _____

Health Information

Does your child have allergies or other special health needs? [] No [] Yes If "Yes" please

describe and list the medications taken: _____

Office Use Only: Date Received _____ Check # _____ Tour Date _____

Family Information

Name of Parent 1: _____

Address (if different from applicant): _____

City/State/Zip: _____ Email address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Work Address: _____

Name of Parent 2: _____

Address (if different from applicant): _____

City/State/Zip: _____ Email address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Work Address: _____

Child lives with: Parent 1 Parent 2 Both Other: _____

Name of Legal Guardian (if different from parents): _____

Address: _____

City/State/Zip: _____ Email address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Work Address _____

Siblings

Name: _____ Birth date: _____ Gender: F M

School attending: _____ Grade: _____

Name: _____ Birth date: _____ Gender: F M

School attending: _____ Grade: _____

Name: _____ Birth date: _____ Gender: F M

School attending: _____ Grade: _____

General Information

What language is primarily spoken at home? _____

Are there any development concerns that you would like to share? [] Yes [] No

If yes, please describe: _____

Are there circumstances that may affect your child's learning? [] Yes [] No

If yes, please explain: _____

Please provide a copy of all educational/psychological evaluations performed, if any.

Is your child toilet trained (Primary applicants only)? [] Yes [] No

Describe your child's personality: _____

What approach to discipline do you use? _____

Please list any discipline problems you may be having: _____

How are you handling the problem? _____

What are your educational goals for your child? _____

How do you see Crabapple Montessori School facilitating these goals? _____

What role do you expect to play in facilitating these goals? _____

How did you hear about Crabapple Montessori School?

Internet Referral Drive-by Other, please describe: _____

I hereby state that the information provided in this form is complete and accurate to the best of my knowledge.

Parent Signature: _____

Parent Name (please print) _____

Date: _____

Return the completed application with a \$50.00 non-refundable application fee to:

Crabapple Montessori School
12387 Crabapple Road
Alpharetta, GA 30004
or
saira@crabapplemontessori.com

Crabapple Montessori School welcomes all families without regard to race, religion, gender, sexual orientation, or national origin.