



Centennial Montessori Academy

Est. 2007

2008 - 2009 Application Form

Please attach a recent photo of your child.

Applicant's Name: _____ Date: _____

Home Address: _____ Gender: Boy Girl

_____ Phone: _____

Date of Birth: _____ Present Age _____
Yrs. Mos.

Languages spoken at home: _____

Status of Parents: Married Separated Divorced Single Widowed

Father's Name: _____
Dr. Mr. (Circle One)

Home Address (if different): _____

Home Phone: _____ Cell Phone: _____

Name & Address of Employer _____

Occupation/Position: _____

Business Phone: _____ Fax: _____ E-mail: _____

Mother's Name: _____
Dr. Mrs. Ms. Miss (Circle One)

Home Address (if different): _____

Home Phone: _____ Cell Phone: _____

Name & Address of Employer _____

Occupation/Position: _____

Business Phone: _____ Fax: _____ E-mail: _____

Sibling's Name: _____ Age: _____ Gender: _____ School: _____

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Sibling's Name: _____ Age: _____ Gender: _____ School: _____

How did you hear about Centennial Montessori Academy?

School sign Website Friend/Colleague _____ Ad Information session

**Return this application and a \$100.00 non-refundable application fee to:
Admissions Office, Centennial Montessori Academy, 7508 W. Eldorado Pkwy. McKinney, TX 75070.**

Indicate the program in which you would like to enroll your child:	Check the following schedules that apply to this application:
<input type="checkbox"/> Toddler 18-36 months <input type="checkbox"/> 8:30am - 11:45am <input type="checkbox"/> M-F <input type="checkbox"/> 8:30am - 3:00pm <input type="checkbox"/> M-F	<input type="checkbox"/> Immediate opening <input type="checkbox"/> Fall 2____ <input type="checkbox"/> Spring 2____ <input type="checkbox"/> Summer 2____ <input type="checkbox"/> Before School (7:30-8:30 am) <input type="checkbox"/> After School (3:00-6:00 pm)
<input type="checkbox"/> Primary 3-6 years <input type="checkbox"/> 8:30am - 11:45am <input type="checkbox"/> M-F <input type="checkbox"/> 8:30am - 3:00pm <input type="checkbox"/> M-F	
<input type="checkbox"/> Elementary Opening August 2009 6-9 years (LE) <input type="checkbox"/> 8:30am - 3:00pm <input type="checkbox"/> M-F	

Present School (If applicable): _____

Address: _____

Other Schools attended in the last 5 years:

School: _____

Address: _____

School: _____

Address: _____

What is the reason for changing schools? (If applicable)

Why do you feel that Centennial Montessori School is an appropriate choice for your child?

What are your immediate goals for your child?

What would you like the Admissions Committee to know about your child?
(Temperament, learning style, separation, care other than parents)

Describe your child's social style in terms of his/her relationship to others (peers, adults, and family) in new settings and in familiar situations.

List any allergies that your child has (including foods):

Is your family vegetarian or vegan? Yes No

If "Yes" what foods can your child NOT eat?

Are there any other special considerations that the teachers should know about?

Circle 8 words that best describe your child.

neat playful active curious builder helpful
 peaceful sensitive attentive nature loving lively
methodical reflective artistic amusing logical talkative
 quiet reserved confident daring orderly passive
gentle cheerful free spirited refined gregarious timid
 dreamer enthusiastic individualist content calm headstrong
 studious contemplative tireless diligent responsible

Centennial Montessori Academy admits students of any race, color, religious affiliation, cultural heritage, national origin or sexual orientation. We do not discriminate (in violation of any law or statute) in the administration of our educational policies, admissions policies, or other academy administered programs.

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Office Use Only	
Date:	
_____ Received _____	Application Entered
_____ Parent Visit _____	Records Requested
_____ Student Visit _____	Records Received
Check # _____	Amount _____
HC _____	AHC _____ OM _____



Centennial Montessori Academy

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Student Records Release Form

I hereby authorize Centennial Montessori Academy to request information about my child,
_____ that will remain confidential between Centennial
Montessori Academy and the sending institution.

The purpose of this form is to insure compliance with The Family Educational Rights and Privacy Act of 1974 which requires documented evidence of permission to release all student files to officials of other public or private schools and institutions in which the student intends to apply.

The following information (if applicable) should be sent directly to the **Admissions Office at Centennial Montessori Academy:**

Send Referral Letter.

Send Available Standardized Test Information

Send Health Record.

Send Attendance Information

Send completed forms provided by requesting institution.

Other _____

I understand that the items above are confidential between Centennial Montessori Academy and the sending institutions. All information will be provided to Centennial Montessori Academy and will not be shared with me.

To the Attention of: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

To the Attention of: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

(Signature of Parent)

(Date)