



Montessori Day School

1165 Weaver Dairy Road

Chapel Hill, NC 27514

(919) 929-3339

kidslovemds@yahoo.com

www.mdsch.org

Elementary Application

For MDS Office use, Date Received:

Child's Name: _____ Birthdate: _____

Child's Home Address: _____

Sex ____ Siblings & Ages _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Business Address _____ Business Address _____

Home Phone _____ Home Phone _____

Home Address _____ Home Address _____

Emergency Phone Numbers: _____

Home Email Address: _____

Please attach additional sheets if necessary.

1. Child's previous school experiences (list schools and dates attended):

2. Why are you considering a Montessori elementary for your child?

3. How did you hear about this school?

4. What goals do you have for your child for the years he/she will attend this school?

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5. Has your child ever been diagnosed as having special learning and/or behavior needs?
If yes, please explain.

6. In order to meet the needs of your child, please describe any disabilities (physical, emotional, mental, language barriers, family situation) which affect your child's behavior. Failure to disclose this information could result in removal from our school.

Date: _____

Parent Signature

Your comments on this form and in any subsequent conversation will be kept confidential
A non-refundable \$75.00 application fee will process your child's application.
Please call the school or contact kidslovemds@yahoo.com with any questions. Thank you.