



Carlisle Montessori School

Of Buckhead

Application for Admission

School Year you are applying for _____

Name of Child _____

DOB _____ Sex _____

Home Address _____

Parent (Or Guardian) _____

Home Address _____

Cell Phone _____ Home _____

Email _____

Profession _____ Name of Business _____

Business Phone _____

Business Address _____

Parent (Or Guardian) _____

Home Address _____

Cell Phone _____ Home _____

Email _____

Profession _____ Name of Business _____

Business Phone _____

Business Address _____

Child's living arrangements? Both parents, mother, father and other?

Please specify: _____

Primary Program Selected: (Please check one)

(Five and six year olds must select full or all day options.)

Half Day (8:45AM -12:15 PM) _____

Full Day (8:45AM - 3:00PM) _____

All Day (8:00AM -6:00PM) _____

All programs are five days per week, September through May.

Previous school experience for enrolling child:

School attended _____

Dates attended _____

School address _____

Phone _____

Reason for leaving previous school? _____

More than one school, please add names and phone numbers here:

I authorize the release of any information or records from the above school(s)
to Carlisle Montessori School.

Parent Signature_____Date_____

Please describe your child's personality and special qualities.

Has your child ever been tested or evaluated for any academic, psychological,
emotional or behavioral difficulties?

Or do you have concerns about any of these areas? If so, please explain.

What are your child's strengths and weaknesses?

Does your child have any health issues that the school should be aware of?

Why did you choose Montessori for your child and what do you hope your child will
get from the Montessori philosophy?

How did you come to find out about Carlisle Montessori School?

A non-refundable fee of \$75.00 is due along with this application for admission.

Parent Signature_____Date_____

Call to set up a tour and interview for your child and bring this application and the
application fee with you.

Questions about this application call Gina Ward at 404-949-0053 or email us at
info@carlislemontessori.com

Carlisle Montessori School does not discriminate in admissions or placement on the
basis of sex, race or creed or religion.

Acceptance is based on the likelihood of each child's long term enrollment and the family's commitment to the Montessori Philosophy.

Office use:

Date received _____

Check No. _____

Staff _____