



Date Submitted: _____

Time Submitted: _____

15100 Northline Road • Southgate, Michigan 48195 • Phone: (734) 284-5600 • Fax: (734) 281-2637 • www.creative-montessori.com

2008-2009 Student Application

What Grade will your child be enrolled in during the fall 2008? _____

PLEASE PRINT ALL INFORMATION

Student Name as it appears on birth certificate

Last Name _____ First Name _____ MI: _____

Date of Birth: _____ Age: _____ Gender: M / F _____ Ethnicity*: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ School District Student Resides In: _____

Previous School Attended: _____ How many years attended: _____

City of Previous School Attended: _____ State: _____

If your child attended more than one school please list all the names and address: (use back of paper if more room is needed)

Name of School: _____ Address: _____ Yrs Attended: _____

If home schooled, please indicate how long: _____

Parent / Legal Guardian (1)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Work Place: _____ Hours of Employment: _____

What is your relationship to child? _____

Parent / Legal Guardian (2)

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Work Place: _____ Hours of Employment: _____

What is your relationship to child? _____

Sibling Information: (ONLY LIST sibling that will be attending Creative Montessori Academy Pre-K to 8th grade)

Sibling Name (1): _____ Gender: Male / Female

Date of Birth: _____ Age: _____ Current Grade: _____ New Student? Y / N

Sibling Name (2): _____ Gender: Male / Female

Date of Birth: _____ Age: _____ Current Grade: _____ New Student? Y / N

Print Parent/Legal Guardian Full Name

Signature of Parent/Legal Guardian _____ Date: _____

- In conformity with applicable laws, Creative Montessori Academy does not discriminate based on race, color, religion, sex, national origin, sexual orientation, age, disability, or any other prohibited factor regarding enrollment.



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1. Why are you interested in enrolling your child in our program?

2. In what ways did previous programs not meet your child's education needs?

3. What academic expectations do you have of Creative Montessori Academy pertaining to your child?

4. What social and emotional expectations do you have of Creative Montessori Academy pertaining to your child?

5. Discuss any problems your child has experienced in other educational settings. Such as incomplete work, social / behavioral problems, attention problems, comprehension problems, etc.

6. Discuss successes and strengths your child has experienced in other educational settings. Such as Advanced placement, leadership qualities, etc.

7. Discuss any physical, emotional, or social problems that may effect your child's education.

8. Please give any other information, concerns and expectations you have concerning your child and his/her educational needs.

9. Has your child participated in extra-curricular activities at his/her school? If so please describe.

