

APPLICATION FOR ENROLLMENT



SOUTH SUBURBAN MONTESSORI SCHOOL

4450 Oakes Road (Blossom Hill Complex) Bldg. #7 • Brecksville, Ohio 44141
Phone (440) 526-1966 • Fax (440) 526-6026 • www.ssmsmontessori.net

ACADEMIC SCHOOL YEAR _____ - _____

- TODDLER PROGRAM (18 MONTHS-3 YEARS)
- CHILDREN'S HOUSE HALF DAY (3 YEARS-KINDERGARTEN)
- CHILDREN'S HOUSE FULL DAY (3 YEARS-KINDERGARTEN)
- ELEMENTARY (GRADES 1-6)
- MIDDLE SCHOOL (GRADES 7 AND 8)

Child's Full Name and Nickname _____

Date of Birth _____ Gender _____ Public School District _____

Home Address _____
STREET CITY ZIP

Parent/Guardian _____ Marital Status _____ Occupation _____

Home Phone _____ Cell Phone _____

Business Address _____
EMPLOYER STREET CITY ZIP

Business Telephone _____ Email Address _____

Parent/Guardian _____ Marital Status _____ Occupation _____

Home Phone _____ Cell Phone _____

Business Address _____
EMPLOYER STREET CITY ZIP

Business Telephone _____ Email Address _____

With whom does your child live? _____

Child's current school (If applicable) _____ Current Grade _____ Dates Attended _____

To what grade are you applying? _____

Please list names, ages, and schools of siblings:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

How did you learn about the SSMS community? _____

Please provide the names of current or former SSMS families that recommended you to our school. _____

Does your child speak any foreign language? _____

What educational goals do you have for your child and how do you see South Suburban Montessori School facilitating these goals?

Describe your child's strengths. _____

Describe the academic areas that your child may find more challenging. *(Children's House, Elementary, and Middle School applicants only)*

How do you see your child in his or her social/emotional development? *(Children's House, Elementary, and Middle School applicants only)*

Does your child currently receive any accommodations at his/her current school? If yes, please describe. *(Children's House, Elementary, and Middle School applicants only)*

Is your child involved in any extracurricular or community activities? _____

Has your child had any previous Montessori experience? If so, please describe. _____

Why are you choosing a Montessori school for your child? _____

To what other schools are you applying on behalf of your child? _____

Please use this space to share information that would provide additional insight into your child, which you believe would be helpful during the admission process.

Do you understand that transportation for the applicant is your responsibility? _____

The importance of the 3-year cycle is crucial in Montessori. It is a clearly-defined and discrete educational unit with a beginning, a middle, and an end for each child, with the third year in each sequence a capstone year that becomes a culminating experience academically, emotionally, socially, and developmentally. If not followed, the child's work in that three-year sequence is simply incomplete. I/we understand that this minimum time period is necessary for the child to benefit properly from the Montessori experience and for the school to maintain a proper balance of age levels within the class. I/we also understand that class placement is the sole responsibility of the school.

I/we understand that a \$300.00 longevity incentive (\$200.00 for siblings) is payable immediately upon acceptance of my child into the program, and that this longevity incentive is non-refundable except upon completion of the multi-year sequence.

South Suburban Montessori School prohibits discrimination in employment, admission policies, educational programs, financial aid awards, and activities on the basis of race, national origin, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

Please remit this application along with a \$100 non-refundable application fee to:

South Suburban Montessori School
Attn: Admissions
4450 Oakes Road, Bldg. #7
Brecksville, OH 44141

For office use:
App. Fee _____
Tour/Obs. _____
Interview _____
Enrolled _____
Withdrawn _____