

Previous Schooling

Have other children in your family attended The Cobb School?

Yes _____

No _____

Please provide name & address of your child's current Montessori school and any other Montessori schools attended:

May we contact your child's teacher to discuss his/her current experience?

Yes _____

No _____

Not at this time _____

If Yes, please provide us with the name of the teacher, the name and address of the school, and phone number:

Other activities during the past year(s)

Languages spoken in your home:

Health of Your Child

General Condition

Significant medical problems (e.g. birth problems, major illnesses, etc.)

Physical Restrictions

Allergies

Behavior

General temperament

What are your child's strengths?

What does your child find difficult?

Usual mode of discipline

I/We acknowledge that the information I/we provide during the application process is full and complete. I/we understand that failure to provide full and complete disclosure, providing false information, or making false modifications to documents can lead to dismissal or a decision not to admit the student.

A non-refundable Application Fee of \$50 must accompany this application form. This fee is not applied against tuition.

Signature of Father/Legal Guardian

Dated _____

Signature of Mother/Legal Guardian

Dated _____

**Please mail application to:
Mary Anne Creto, Director of Admissions
The Cobb School, Montessori
112 Sand Hill Road
Simsbury, CT 06070**