



For Office Use Only	
Date Received	.....
Application Fee	.....

**PRIMARY PROGRAM APPLICATION**

What academic year are you applying for?    **2009-2010**    **2010-2011**    **2011-2012**    **Sept. or Jan.**

(please circle)

(please circle)

Name of Child \_\_\_\_\_  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Information**

Family Status:    Parents Living Together    Divorced    Separated

**Father's Information**

**Mother's Information**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

(If different from above)

(If different from above)

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Position & Title \_\_\_\_\_ Position & Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Hobbies \_\_\_\_\_ Hobbies \_\_\_\_\_

Other members of household (children, adult relations, nanny, pets): \_\_\_\_\_

How did you learn of The Cobb School? \_\_\_\_\_

Why did you decide to apply to a Montessori school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Cobb School welcomes students of every race, religion, color, national & ethnic origin

**Previous Schooling**

Have other children in your family attended The Cobb School? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child attended other Montessori schools? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Location of other Montessori school(s) & Dates Attended  
\_\_\_\_\_  
\_\_\_\_\_

Name/Location of other Programs or Day Care & Dates Attended  
\_\_\_\_\_  
\_\_\_\_\_

If your child has current Montessori experience, 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 \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

*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**