



Montessori in Every MomentSM

14000 Ladue Rd. Chesterfield, MO 63017

P (314) 469-7150 F 314-469-7851 www.chesterfieldmontessori.org

APPLICATION FOR ADMISSION

Date _____ / _____ / _____

STUDENT

Last _____ First _____ Middle _____

Date of Birth _____ / _____ / _____ ☐ Female ☐ Male Desired Date of Entrance _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

PROGRAM(S) DESIRED:

☐ Toddler Half Day ☐ Primary Half Day ☐ Elementary ☐ Extended Care (BEFORE AND AFTER SCHOOL)

☐ Toddler Full Day ☐ Primary Full Day ☐ Adolescent

FAMILY INFORMATION

PARENT/GUARDIAN

Name Ms. / Mrs. / Mr. / Dr. (CIRCLE ONE) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Occupation _____

Employer _____ Business Phone _____

PARENT/GUARDIAN

Name Ms. / Mrs. / Mr. / Dr. (CIRCLE ONE) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Occupation _____

Employer _____ Business Phone _____

GRANDPARENTS

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

SIBLINGS

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

APPLICATION FOR ADMISSION CONTINUED

TUITION

Bills will be sent via email. Preferred billing email address(es) _____

BACKGROUND

SCHOOLS PREVIOUSLY ATTENDED

Name _____ Dates Attended _____

Name _____ Dates Attended _____

Is a language other than English spoken in your home? ☐ No ☐ Yes What language(s)? _____

What special out-of-school activities does your child participate in?

What activities do you enjoy as a family?

What are your child's strengths/challenges?

Has your child had any academic testing, developmental evaluations, or diagnosed medical conditions?

PLEASE EXPLAIN: _____

Who recommended CMS to you, or what was your source of information?

(FRIEND, WEBSITE, ADVERTISEMENT, INDEPENDENT SCHOOLS OF ST. LOUIS, ETC.) _____

One of our core values is supporting families and fostering community. What are some values or strengths your family brings that you hope to share with the CMS community?

Are you applying to other schools? ☐ No ☐ Yes Which ones? _____

PLEASE RETURN THIS APPLICATION WITH A NONREFUNDABLE APPLICATION FEE OF \$100

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

The Chesterfield Montessori School admits students of any race, color, national and ethnic origin to all of the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs and any school-administered programs.

RECOGNIZED BY ASSOCIATION MONTESSORI INTERNATIONALE (AMI)
ACCREDITED BY INDEPENDENT SCHOOLS ASSOCIATION OF THE CENTRAL STATES (ISACS)
MEMBER, INDEPENDENT SCHOOLS ST. LOUIS (ISSL)
MEMBER, NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS)
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