



Please return this form and non-refundable **\$150 application fee** to our Admissions Office

Child's Information

CHILD'S FULL NAME _____

Male Female Prefer Not to Say Other

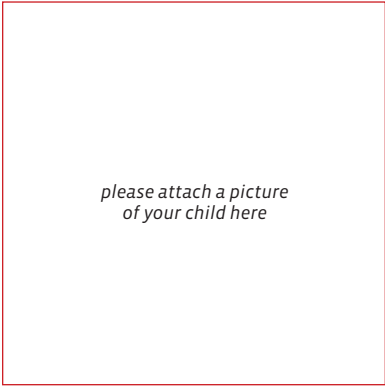
CHILD'S PREFERRED NAME _____ GENDER _____

DATE OF BIRTH _____

LANGUAGES SPOKEN AT HOME _____

RACIAL/ETHNIC BACKGROUND _____

The Montessori Academy of Chicago is committed to diversity; and upholds a non-discriminatory policy relative to race, color, creed and national origin with respect to student admissions and staff employment. Within the space provided above, please write the race(s) or ethnicity(ies) that the applicant most closely identifies.



Parent / Guardian Information

PARENTAL STATUS Married Domestic Partners Separated Divorced Single Widowed

PARENT / GUARDIAN 1

FIRST / MIDDLE / LAST NAME _____

WHAT DOES/WILL YOUR CHILD CALL THIS PARENT? _____

RELATIONSHIP _____

HOME ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER NAME & ADDRESS _____

OCC UPATION _____

BUSINESS PHONE _____

E-MAIL _____

ALTERNATE E-MAIL _____

PARENT / GUARDIAN 2

FIRST / MIDDLE / LAST NAME _____

WHAT DOES/WILL YOUR CHILD CALL THIS PARENT? _____

RELATIONSHIP _____

HOME ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER NAME & ADDRESS _____

OCC UPATION _____

BUSINESS PHONE _____

E-MAIL _____

ALTERNATE E-MAIL _____



Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

About the Academy - The Montessori Academy of Chicago embraces the principles of observation and individual liberty to develop the full potential of every child in our care. The Montessori educational method encourages mentoring and reinforcing skills. Our goal is to provide an environment rich in diversity for our students.

Please confirm the program for which you are applying:

CLASS	HOURS OF OPERATION	APPLICATION DEADLINE
<input type="radio"/> Seventh Grade	8:30am-3:00pm*	January 15
<input type="radio"/> Eighth Grade	8:30am-3:00pm*	January 15

**Extended care hours & summer programming are available at an additional charge. Children are placed for the complete academic year based upon their age on September 1.*

Sibling Information:

SIBLING NAME	AGE	SCHOOL	DATES ATTENDED
SIBLING NAME	AGE	SCHOOL	DATES ATTENDED

Other schools attended:

NAME OF SCHOOL	DATES ATTENDED
NAME OF SCHOOL	DATES ATTENDED

Please describe your reasons for any transfers.



Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

Recommendations:

Middle school applicants are required to have three recommendations on file, from: 1) a current/most recent teacher, 2) the Principal/Head of School of the current/most recent school, and 3) an extracurricular programming teacher/coach.

Please request that the teacher and Principal/Head of School submit the grade-appropriate Teacher and Principal/Head of School Recommendation forms, respectively, directly to the Montessori Academy of Chicago Admissions Office. Please ask that the extracurricular programming teacher/coach write and send a letter of recommendation on your child's behalf directly to the Montessori Academy of Chicago Admissions Office. Applications will be considered incomplete until these recommendations are received. Provide contact information below for the individuals that are recommending your child for admission:

TEACHER'S NAME

P RINCIPAL'S/DIRECTOR'S NAME

SCHOOL

SCHOOL'S PHONE NUMBER

EXTRACURRICULAR TEACHER/COACH'S NAME

P HONE NUMBER

Parents: In addition, please sign and include the Records Release form with your completed application. Also include any additional school evaluations, testing results or IEP/504 Plans (if applicable).

Parent Narrative - Please answer the following questions as completely as possible. Use additional sheets if necessary.

Please describe your interest in Montessori education as opposed to traditional alternatives. Does either parent have a Montessori background?

What are your expectations of the Academy? Academically? Socially?

Has your child had any exposure to the Montessori curriculum? Does s/he have familiarity with Montessori materials?



Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

Parent Narrative - Continued

What are your immediate goals for your child in the Academy Middle School setting?

How can the Academy best meet your child's needs?

Describe your child's social style with regard to peers, adults, and siblings in both new and familiar situations.

How does your child manage conflict resolution, uncertainty, or stressful situations?

How would you describe your child's work habits in a self-directed setting?



Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

Parent Narrative - Continued

Does your child have any medical, behavioral or developmental concerns, and/or receive any special services?

Please list any dietary restrictions and/or allergies.

Have there been any recent significant changes in your family or home life?

List any extracurricular programming your child participates in outside of the classroom.

Please provide any additional information which might enable us to more fully understand your child.



Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

For the Applicant

Please ask your child if s/he would complete this section and include any additional sheets with the application form. Do not review or edit your child's work

Write your name and age.

NAME

AGE

Please choose one or more questions to answer in writing and/or drawing on a separate sheet/s of paper.

- Describe yourself as a learner.
- What are your favorite subjects? How can you learn more about it?
- What are some important qualities you would like to see in a friend?
- What is a community? What makes a community work well?
- What are some ways you are be helpful to your community? Tell about a time you helped solve a problem?
- What is the best learning experience you have had?

In addition, if you would like to, please share with us something you have created that you would want to show new friends. Use a separate paper, or attach a copy of your work if you want to keep the original. Examples include but are not limited to: a drawing of your favorite place, a self-portrait or a drawing of your family, a list of words that describe you, a story about your favorite animal – fiction or non-fiction.

How did you hear about us?

- Website
- Advertisement
- Friend/Colleague
- Other _____

Additional Responsibilities:

By submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I confirm that I have legal custody of the child who is applying to attend the Montessori Academy of Chicago.

PARENT/GUARDIAN 1 (PRINT NAME)

DATE

SIGNATURE

PARENT/GUARDIAN 2 (PRINT NAME)

DATE

SIGNATURE



Teacher Comments

NAME OF STUDENT CURRENT GRADE TEACHER'S NAME POSITION SCHOOL ADDRESS CITY STATE ZIP

The student named above is applying to The Montessori Academy of Chicago. This recommendation form from the applicant's current/most recent school is required to be considered for admission. All information provided will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. Your time, effort and feedback regarding this student are appreciated. Please retain a copy of this form for your files and send a the original directly to The Montessori Academy of Chicago.

How long have you known the student?

Student attends program: days per week, hours each day.

What three words would you use to describe this student?

Is the candidate in good standing and eligible to remain enrolled (if you offer the next grade level)? Yes No

Social/Emotional Development

Please evaluate the candidate in the following areas of development:

Table with 6 columns: Area, Exemplary, Strong, Age Appropriate, Needs Development, Comments. Rows include Self-esteem, Leadership, Observes school rules, Respect for individual differences, etc.



Social/Emotional Development - Continued

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Participates appropriately during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes a process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Maintains self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accepts responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accepts constructive criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Enthusiasm for school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Academic Development

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Intellectual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Initiative / Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows oral directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows written directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stays on task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works well independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works well in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works without disturbing others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Demonstrates effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Seeks help when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Reading / Language Artst

Please comment on the students effort and achievement in the following areas.

Fluency

Decoding skills

Reading comprehension

Oral expression

Writing Mechanics

Written expression

Vocabulary

Interest in independent reading



Mathematics

Please comment on the students effort and achievement in the following areas.

Conceptualization

Computation

Problem solving

Please comment with additional information that would be helpful regarding the developmental readiness and/or personality of this applicant.

Does this child have a diagnosed learning disability? Has the child undergone any testing for learning / behavior challenges?

Parent-School Relationship

Please comment with your insights on the parent-school relationship, including communication, cooperation, involvement and expectations.

Are you aware of any family circumstances that affect the student’s life at school? Please explain.

I recommend this student: Enthusiastically Confidently With Reservations I Do Not Recommend

SIGNATURE

DATE

If we have additional questions, may we call you?

Yes No

IF YES, PHONE NUMBER:

MOST CONVENIENT TIME TO CALL IS:

Thank you for your time and thoughtful insights.

Please complete and return directly to:

Montessori Academy of Chicago

Attn: Admissions Office

1334 West Randolph Street

Chicago, Illinois 60607



Principal / Head of School

NAME OF STUDENT

CURRENT GRADE

To the Principal or Head of School: The student named above is applying to The Montessori Academy of Chicago. This recommendation form from the applicant's current/most recent school is required to be considered for admission. All information provided will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. Your time, effort and feedback regarding this student are appreciated.

If you do not feel that you are the appropriate person to fill out this recommendation form, please sign below and pass it on to the guidance counselor or another staff member that can respond from an administrative level. Similar forms will be sent to the student's teacher.

SIGNATURE (PRINCIPAL / HEAD OF SCHOOL)

If you do not feel that you are the appropriate person to fill out this recommendation form, please sign below and pass it on to the guidance

YOUR NAME

TITLE

SCHOOL

ADDRESS

CITY

STATE

ZIP

How long have you known the student? _____

Student attends program: _____ days per week, _____ hours each day.

What three words would you use to describe this student?

Is the candidate in good standing and eligible to remain enrolled (if you offer the next grade level)? Yes No



Social/Emotional Development

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Participates appropriately during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Respectful for individual differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Manages conflict / stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Maturity (relative to age)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sense of humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Academic Development

Please evaluate the candidate in the following areas of development:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Overall academic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intellectual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Academic progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to work self-directed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Motivation / Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Has the student been promoted regularly during her or his school career? Yes No

If not, please explain.

If your school uses a class ranking system, please note student's placement/rank.

Please comment on the student's attendance and tardiness records.



Has the student had any serious disciplinary problems? Yes No
If yes, briefly explain and note any disciplinary action taken.

Is there any additional information that would be helpful to us in our evaluation of this applicant?

Please comment with your insights on the parent-school relationship, including communication, cooperation, involvement and expectations.

Are you aware of any family events or circumstances that affect the student's life at school? Please explain.

Additional comments

I recommend this student: Enthusiastically Confidently With Reservations I Do Not Recommend

SIGNATURE

DATE

If we have additional questions, may we call you?
 Yes No

IF YES, PHONE NUMBER:

MOST CONVENIENT TIME TO CALL IS:

**Thank you for your time
and thoughtful insights.**

Please complete and return directly to:

Montessori Academy of Chicago
Attn: Admissions Office
1334 West Randolph Street
Chicago, Illinois 60607



STUDENT NAME _____

DATE OF BIRTH _____

We respectfully request the prompt receipt of school records for the student listed above, including

- Cumulative academic records including Conference / Progress reports and Report Cards
- Testing results
- Disciplinary records
- Health / Immunization forms
- Any other pertinent information

Dates of attendance at current school: _____

Parent Authorization for release of information to the Montessori Academy of Chicago

I hereby authorize _____ (name of school)
 _____ (address of school) to release
 information / records concerning the above named student.

PARENT / GUARDIAN SIGNATURE

DATE

Please mail this form and the student's records directly to:

Montessori Academy of Chicago

Attn: Admissions Office
1334 West Randolph Street
Chicago, Illinois 60607

If you have any questions, please contact the Admissions office at 312.243.0977

Thank You.