



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

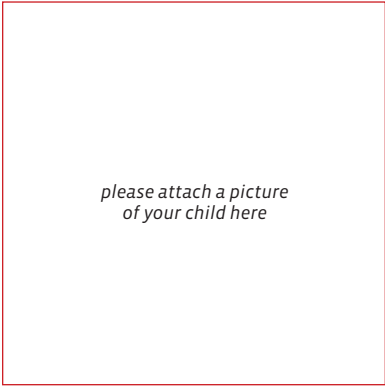
CHILD'S PREFERRED NAME GENDER

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



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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.

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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?

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

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

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## 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?

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

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

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

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

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## 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?

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Please list any dietary restrictions and/or allergies.

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

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

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

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### 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.*

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PARENT/GUARDIAN 1 (PRINT NAME)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN 2 (PRINT NAME)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE