



You may return this form in-person or via e-mail. You may pay the non-refundable **\$165 application fee** via check or electronically using the QR code above.

## Child's Information

CHILD'S FULL NAME

BOY  GIRL  TRANSGENDER  NON-BINARY  OTHER  PREFER NOT TO SAY

CHILD'S PREFERRED NAME

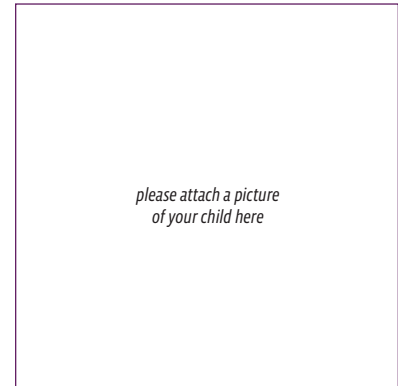
GENDER

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

**HOUSEHOLD STATUS**  DUAL-PARENT/GUARDIAN HOUSEHOLD  SINGLE-PARENT/GUARDIAN HOUSEHOLD  CUSTODIAL PARENT/GUARDIAN OUTSIDE THE HOUSEHOLD

### 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.

What grade will your child be entering as of September 1st?

class school day after school hours
Grade 8:30am-3:30pm\* 3:30 - 6:00 pm

\*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:

Table with 4 columns: SIBLING NAME, AGE, SCHOOL, DATES ATTENDED. Two rows for sibling information.

Other schools attended:

Table with 2 columns: NAME OF SCHOOL, DATES ATTENDED. Two rows for other schools attended.

Please describe your reasons for any transfers.

Five horizontal lines for describing reasons for transfers.



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## Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

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

Why have you chosen MAC as a destination for your child? Please describe your interest in Montessori education as well.

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What are your immediate and long-term goals for your child at MAC?

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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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Please list any dietary restrictions and/or allergies.

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### Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

### Parent Narrative - Continued

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

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Does your child have any medical, behavior, or developmental concerns? Does your child receive any specialized or clinical services? (Please be prepared to submit relevant clinical reports.)

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

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List any extra-curricular programming your child participates in outside of the classroom.

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### Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

### Parent Narrative - Continued

Please list any details that may affect your child's experience at school, or ability to participate in a group-care setting.

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Is there anything else you'd like us to know?

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### Attachments

Your child's application is not complete until Montessori Academy receives the following items:

- Three teacher or school personnel letters of recommendation
- Signed "Records Release Form"
- Any additional school evaluations, testing results, or IEP/504 Plans (if applicable).
- Writing sample, per the instructions on the following page.



### Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

### Writing Sample

Have your child choose one or more of the following questions to answer in writing and/or drawing. Have your child include their name and age at the top of their writing sample.

- Describe your ideal school day.
- What are you curious about? 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 could be helpful to your community?
- What is the nicest thing someone has ever done for you?

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 of drawing of your family, a list of words that describe you, a story about a favorite animal -- fiction or non-fiction.

How did you hear about us?

- Internet Search
- Social Media
- Advertisement
- Friend/Colleague *(Please let us know who told you about us!)*

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### 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

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**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:

	EXEMPLARY	STRONG	AGE APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Self-esteem	<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"/>	
Observes school rules and classroom procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Respect for individual differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Respects rights and property of others	<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"/>	
Sense of humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solves problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Demonstrates courteous behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adjusts to daily transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



### 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



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.**