Return Application to:
Four Corners Montessori Academy
1075 East Gardenia
Madison Heights, Michigan 48071

Four Corners Montessori Academy

Date Submitted:_____
Time Submitted:_____
Required Documentation
- Birth Certificate
- Immunization Record (dated 2009)
- Parent Drivers License

Phone: (248) 542-7001 www.fourcornersmontessori.com

2009-2010 Student Application

What grade will your child be enrolled in during the fall 2009? _____

PLEASE PRINT ALL INFORMATION

Student Name as it appears on birth certificate

Last Name: First Name: MI:

Date of Birth: Age: Gender: M / F Ethnicity*:

Student Address: City: State: Zip:

Home Phone Number: School District Student Resides In:

Previous School Attended: How many years attended:

City of Previous School Attended: State:

If your child attended more than one school please list all the names and address: (use back of paper if more room is needed)

Name of School: Address: Yrs Attended:

If home schooled, please indicate how long:

Parent / Legal Guardian (1)

Last Name: First Name: MI:

Address: City: State: Zip:

Home Phone Number: Cell Phone Number:

Work Phone Number: Work Place: Hours of Employment:

What is your relationship to child?_____

Parent / Legal Guardian (2)

Last Name: First Name: MI:

Address: City: State: Zip:

Home Phone Number: Cell Phone Number:

Work Phone Number: Work Place: Hours of Employment:

What is your relationship to child?_____

Sibling Information: (**ONLY LIST** sibling that will be attending FCMA Pre-K - 8th grade)

Sibling Name (1): Gender: Male / Female
Date of Birth: Age: Current Grade: New Student? Y / N

Sibling Name (2): Gender: Male / Female
Date of Birth: Age: Current Grade: _____ New Student? Y / N

Print Parent/Legal Guardian Full Name

Signature of Parent/Legal Guardian **Date**

* In conformity with applicable laws, Four Corners Montessori Academy does not discriminate based on race, color, religion, sex, national origin, sexual orientation, age, disability, or any other prohibited factor regarding enrollment.

Questions for Parents

1. Why are you interested in enrolling your child in our program?

2. In what ways did previous programs not meet your child's education needs?

3. What academic expectations do you have of Four Corners Montessori Academy pertaining to your child?

4. What social and emotional expectations do you have of Four Corners Montessori Academy pertaining to your child?

5. Discuss any problems your child has experienced in other educational settings. Such as incomplete work, social / behavioral problems, attention problems, comprehension problems, etc.

6. Discuss successes and strengths your child has experienced in other educational settings, such as advanced placement, leadership qualities, etc.

7. Discuss any physical, emotional, or social problems that may effect your child's education.

8. Please give any other information, concerns and expectations your have concerning your child and his/her educational needs.

9. Has your child participated in extra-curricular activities at his/her school? If so please describe.