

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



Date Submitted: _____
Time Submitted: _____
Required Documentation
1. Original Birth Certificate (with raised seal) _____
2. Immunization Record _____
3. Parent Drivers License _____
4. Custody Verification (if applicable) _____

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

2010-2011 Student Application

What grade will your child be enrolled in during the fall 2010? _____

PLEASE PRINT ALL INFORMATION

Student Name as it appears on birth certificate

Last Name: _____ First Name: _____ MI: _____
Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity: (Check one)

- Native American
 Asian
 African American
 Latino
 Caucasian

1. What is the first language that this student spoke? _____
2. Is there a language other than English spoken in the home? Yes No
If yes, which language? _____
3. Does the student speak a language other than English? Yes No
If yes, which language? _____

Does your child have an active IEP for special education services? Yes No (If yes, please provide a copy.)

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

Name of School: _____ Address: _____

Yrs Attended: _____ If home schooled, please indicate how long: _____

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

Sibling Name (1): _____ Gender: Male Female

Sibling Name (2): _____ Gender: Male Female

Sibling Name (3): _____ Gender: Male Female

Student/Family Address

House number Street Name Apt. Number City State Zip

Print Parent/Legal Guardian Full Name

Signature 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.

Parent/Guardian Information

Male / Legal Guardian in Student Household

Last Name: _____ First Name: _____ MI: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____ Relationship to Student : _____
Email Address: _____

Female / Legal Guardian in Student Household

Last Name: _____ First Name: _____ MI: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____ Relationship to Student : _____
Email Address: _____

Parent Living Elsewhere (If shared/non custodial parent lives in a home other than the student.

Last Name: _____ First Name: _____ MI: _____
House number Street Name Apt. Number City State Zip
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____ Relationship to Student : _____
Email Address: _____

Parent Questionnaire

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

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

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

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

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

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