



THE GREENSBORO  
MONTESSORI SCHOOL  
*engage. learn. grow.*

2856 Horse Pen Creek Road | Greensboro, North Carolina, 27410  
P (336) 668.0119 | F(336) 665-9531 | gms@thegms.org | www.thegms.org

Our Mission: We nurture children to be creative, eager learners as they discover their full potential and become responsible, global citizens.

## APPLICATION FOR ADMISSION

CHILD'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE  FEMALE

IS THERE ANY LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME, AND TO WHAT EXTENT?  
\_\_\_\_\_

## PROGRAM REQUESTED

I WOULD LIKE TO ENROLL MY CHILD IN \_\_\_\_\_ / \_\_\_\_\_ (MONTH / YEAR).

AT THAT TIME, MY CHILD WILL BE \_\_\_\_\_ YEARS AND \_\_\_\_\_ MONTHS OLD.

Mark days and program hours desired below.

INFANT (2-12 MOS) *Circle hours needed:* 8:00 - 11:30 8:00 - 2:30 8:00 - 5:30

2 Days (Tues/Thurs)  3 Days (Mon/Wed/Fri)  5 Days (Mon-Fri)

TODDLER (T1: 12 MOS - 2 YRS) (T2: 2 - 3 YRS) *Circle hours needed:* 8:30 - 11:30 8:30 - 2:30

2 Days (Tues/Thurs)  3 Days (Mon/Wed/Fri)  5 Days (Mon-Fri)

\*\*\*Our family will also need after school care until 5-6pm

PRIMARY (3-6 YRS, INCLUDES KINDERGARTEN)

Options for 3-4 yr olds:  5 Mornings (8:30 - 11:30)  5 Days (8:30 - 2:30)

5 Mornings & 2 or 3 Afternoons (circle preference: T/Th or M/W/F )

Options for 5-6 yr olds:  Extended Day Primary/ Kindergarten (8:30-3:00)

\*\*\*Our family will also need after school care until 5-6pm

LOWER ELEMENTARY (6-9 YRS)

Grade 1

Grade 2

Grade 3

UPPER ELEMENTARY (9-11 YRS)

Grade 4

Grade 5

MIDDLE SCHOOL (11-14 YRS)

Grade 6

Grade 7

Grade 8

\*\*\*Our family will also need after school care until 5-6pm

OFFICE USE ONLY

Open House Attended \_\_\_\_\_ Date Application Rcvd \_\_\_\_\_ Check # \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

RELATIONSHIP TO CHILD: \_\_\_\_\_

\_\_\_\_\_  
(FIRST) (MI) (LAST)

\_\_\_\_\_  
PREFERRED NAME TITLE (Mr., Mrs., Ms., Dr., Etc.)

HOME ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION/OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

AREAS OF SPECIAL INTEREST/EXPERTISE:  
\_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

\_\_\_\_\_  
(FIRST) (MI) (LAST)

\_\_\_\_\_  
PREFERRED NAME TITLE (Mr., Mrs., Ms., Dr., Etc.)

HOME ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION/OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

AREAS OF SPECIAL INTEREST/EXPERTISE:  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT LIVES WITH *(Circle all that apply):*

Father	Mother
Fathers	Mothers
Stepfather	Stepmother
Grandparent(s)	Guardian

*(Circle all that apply):*

Student adopted	Parents separated	Mother has custody
Adoption in progress	Parents divorced	Father has custody
Mother deceased	Mother remarried	Joint custody
Father deceased	Father remarried	Single parent household

Please list any other special characteristics that you would like to share about your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIBLING INFORMATION

NAME

AGE

GRADE

PRESENT SCHOOL


\*Children who are siblings of current Montessori students will be considered for enrollment priority.

Greensboro Montessori School is a non-sectarian independent school established to provide the best education for youth of either gender in programs for infants (2 mos) through eight grade without regard to race, color, religion, national origin, or disability (to the extent that reasonable accommodations are possible).



DOES YOUR CHILD HAVE ANY CHARACTERISTICS FOR WHICH SPECIAL ACCOMMODATIONS MAY BE APPROPRIATE (FOR EXAMPLE, DIETARY NEEDS/ FOOD ALLERGIES, BEHAVIORAL CONCERNS, HEALTH/PHYSICAL LIMITATIONS, OR LEARNING DIFFERENCES)? ARE THERE AREAS IN WHICH YOU SUSPECT THAT YOUR CHILD MAY HAVE EXCEPTIONAL STRENGTHS, CHALLENGES OR DELAYS? IF SO, PLEASE ELABORATE.

---

---

---

---

---

---

---

---

---

---

HAS YOUR CHILD EVER RECEIVED OR BEEN RECOMMENDED FOR ANY PSYCHOLOGICAL OR EDUCATIONAL TESTING? IF SO, PLEASE EXPLAIN AND LIST DATES AND NAMES OF SPECIALISTS WHO CONDUCTED THE TESTING.

---

---

---

---

---

---

---

---

FEEL FREE TO ADD ANY ADDITIONAL INFORMATION AND OBSERVATIONS ABOUT YOUR CHILD, WHICH MIGHT HELP THE ADMISSION COMMITTEE GET TO KNOW HIM OR HER BETTER. (FOR EXAMPLE: SPECIAL INTERESTS OR ABILITIES, AWARDS OR ACHIEVEMENTS, SOCIAL RELATIONS WITH SIBLINGS OR OTHER CHILDREN, HOW THE CHILD HANDLES TRANSITIONS OR NEW SITUATIONS, ETC.)

---

---

---

---

---

---

---

---

I PLAN TO KEEP MY CHILD ENROLLED IN GREENSBORO MONTESSORI SCHOOL THROUGH: \_\_\_\_\_ (AGE OR GRADE)

DO YOU WISH TO BE CONSIDERED FOR NEED-BASED FINANCIAL AID?  Yes  No

Please contact the Admission Office for details and deadlines on the financial aid application process.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*PLEASE ATTACH \$50 NON-REFUNDABLE APPLICATION PROCESSING FEE.

I FIRST LEARNED ABOUT THE GREENSBORO MONTESSORI SCHOOL FROM:

Advertisement  Newspaper Article  GMS Parent  Website  Other \_\_\_\_\_