

Orientation attended _____ Date application received _____ Check # _____



The Greensboro Montessori School
2856 Horse Pen Creek Road Greensboro, NC 27410
(336) 668-0119 • fax (336) 665-9531
www.TheGMS.org

Application for Admission

APPLICANT'S NAME: _____ (LAST) (FIRST) (MIDDLE)

Preferred Name _____ Social Security Number _____

Date of Birth _____ Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

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.

Toddler (18 - 36 months)

2 Day (Tuesday/Thursday) _____

3 Day (Monday/Wednesday/Friday) _____

5 Day (Monday through Friday) _____

Primary (3 - 6 years)

Half Day (3 - 4 years) _____

Full Day (5- 6 years) _____

Lower Elementary

Ages 6-9 _____

Upper Elementary

Ages 9-11 _____
(Grades 4/5)

Middle School

Grade 6 _____

Grade 7 _____

Grade 8 _____

I first learned about The Greensboro Montessori School from:

Advertisement

Newspaper article

GMS Parent

Website

Other _____

SCHOOL/ACADEMIC INFORMATION

Please list the school(s) attended by your child for the past three years, including the current year.

Children who are transferring from another Montessori Program will be considered for enrollment priority.

| Name of School Teacher | Address (include city, state, zip) | Year(s) Attended | Grade(s) |
|---------------------------|------------------------------------|------------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Teacher Information Forms will be filled out by: _____ **School Address (city, state, zip)** _____

For Grades preK-5: Current Teacher _____

For Grades 6-8: Current English Teacher _____

For Grades 6-8: Current Math Teacher _____

All Teacher Information Forms are confidential and should be mailed directly to Greensboro Montessori School by the teachers completing the forms.

PARENT(S) OR GUARDIAN(S) INFORMATION

Father _____
 First MI Last

Preferred Name Title (Mr., Dr., Etc.)

Home Address _____

City & State _____ Zip _____

Home Phone (____) _____

Email Address _____

Father's Occupation _____

Company _____

Address _____

City & State _____ Zip _____

Work Phone (____) _____

Areas of Special Interest/Expertise:

Mother _____
 First MI Last

Preferred Name Title (Mrs., Ms., Dr., Etc.)

Home Address _____

City & State _____ Zip _____

Home Phone (____) _____

Email Address _____

Mother's Occupation _____

Company _____

Address _____

City & State _____ Zip _____

Work Phone (____) _____

Areas of Special Interest/Expertise:



The 12-point star, representative of many designs in the natural world, serves as an appropriate symbol for the educational philosophy of The Greensboro Montessori School. It portrays the power of the triangle, the building block of all other polygons, and the simple shape we use to help children see the importance of geometry as a tool for both work and play. Our teachers, trained to recognize when children are developmentally ready for new discoveries, guide our children through direct experience with simple to complex concepts with the help of didactic materials. Through manipulating such materials as the Constructive Triangles, a very young child can gain a sensorial understanding of the triangle as the first form of reality. Later with a set of 12 small, blue and white scalene right triangles, the same child can construct a number of stars, investigate the idea of equivalency, transform the stars into other shapes, and discover a myriad of possibilities for understanding through the further exploration of triangles. In the same way, our Montessori environment provides a basic structure for students to uncover multiple variations within the educational process so they enjoy the learning to which we believe every child is entitled.