



Middle School and High School
Johnston Oehler Campus
Application for Admission

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

Preferred Name: _____ 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?

I would like to enroll my student for the _____ school year. At that time, my student will be in _____ grade.

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

Name of School	Full Address	Years Attended	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teacher Recommendation Forms will be filled out by:

Current Language Arts Teacher: _____ Phone: _____

Current Math Teacher: _____ Phone: _____

All Teacher Recommendation Forms are confidential and should be mailed directly to Countryside Community High School by teachers completing the forms.

Johnston Oehler Campus

7th grade _____
8th grade _____
9th grade _____
10th grade _____
11th grade _____

For school use only:

Application Fee paid: \$ _____

Date: _____

Ck#: _____

Interview date: _____

Testing date: _____

Grade Accepted: _____

Enrollment deadline: _____

PARENT(S) OR GUARDIAN(S) INFORMATION

Father _____
 First MI Last

Preferred Name _____

Home Address _____

City & State _____ Zip _____

Home Phone () _____

Email Address _____

Father's Occupation _____

Company _____

Address _____

City & State _____ Zip _____

Work Phone () _____

Work Email Address _____

Areas of Special Interest/Expertise:

Mother _____
 First MI Last

Preferred Name _____

Home Address _____

City & State _____ Zip _____

Home Phone () _____

Email Address _____

Mother's Occupation _____

Company _____

Address _____

City & State _____ Zip _____

Work Phone () _____

Work Email Address _____

Areas of Special Interest/Expertise:

CONTACT INFORMATION

If you cannot call for your child, please give names of persons to whom child can be released:

Name of child's doctor _____ Office Phone _____

Office address _____

Name of child's dentist _____ Office Phone _____
 (Required to have one prior to start of school)

Office address _____

Hospital preference _____

Name and relationship of two persons we may contact in an emergency:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

SIBLING INFORMATION

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

Name	Age	Grade	Present School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT INFORMATION

Has your child attended a school program before? _____ If so, where? _____

When? _____ Type of program? _____

Has your child received any formal testing/counseling etc.? _____ If so, please include any information: _____

Does your child have any known allergies? _____ If so, please list them: _____

Please list any special dietary, medical information necessary for management in emergency: _____

Please list any special conditions or disabilities: _____

Does your child have any chronic health concerns? Yes / No
If yes, please explain. _____

Does your child have any special emotional, social or behavioral needs? Yes / No
If yes, please explain. _____

Has your child ever had a psycho-educational, vision screening or speech/hearing evaluation? Yes / No
If yes, please explain. _____

Does your child take any medication regularly? Yes / No If yes, please explain. _____

Please list any activities that your child regularly participates in: _____

What kinds of activities do you do with your child? _____

What approach to discipline do you use? _____

I/We have enclosed the application fee of and understand that this fee is non-refundable. I/We give permission to Countryside Montessori School to request my child's school records, evaluations and report cards from his/her current school. I/We state that the above information is correct to the best of our knowledge. I/We understand that providing false information or withholding information may affect the admissions process and/or enrollment with Countryside Montessori School.

Authorization

Submitted by:

Father: _____

Date: _____

Mother: _____

Date: _____

RELEASE INFORMATION

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date _____ Signature of Parent _____

I, as operator, do hereby agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or child’s parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Date _____ Signature of Operator _____

I, _____, parent/guardian of _____ **GIVE**

OR

I, _____, parent/guardian of _____ **DO NOT GIVE**

my permission for my child to be photographed or videotaped for the purpose of promoting, advertising or marketing **Countryside Montessori School** or the Montessori method of teaching. I understand that my child’s likeness becomes the property of said news or marketing agency for the purpose stated above. I absolve Countryside Montessori School and its representatives of any liability that may be associated with the use of my child’s likeness.

Parent/Guardian Signature _____

Please note the **Countryside Montessori School** and its representatives will not knowingly allow photographs, videotapes or audio recordings to be made of any student for any purpose other than stated above and that the first consideration is for the safety of the students. Parents/guardians will be notified if their child’s/children’s likeness will be used in any news publication or periodical or on any television or radio program.

Please include a \$100.00 (\$50.00 for returning students) Application Fee with this application plus \$5.00 for each additional sibling.

**Mail Application to:
High School Administrator – Heide Putt
Countryside Montessori School
9026 Mallard Creek Road
Charlotte, NC 28262**

Our Mission Statement

Countryside Montessori School is dedicated to providing education for children consistent with the Montessori philosophy. It is our goal to endow the students with the desire and ability to learn and the self understanding and the social awareness necessary for healthy, productive lifetimes. It is our aim to instill respect and responsibility for ourselves, the world of mankind, and the natural environment. Countryside Montessori School is devoted to the mission, philosophy and code of ethics of the American Montessori Society.