



2020-2021 Application for Admission
Journey Montessori Academy

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Please complete this application and return with a \$50 application / interview fee.

Note: A 2 year enrollment commitment is expected for the best interests of the child and the class.

STUDENT INFORMATION

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth ___ / ___ / ___ Male _____ Female _____

Neighborhood _____
(for carpooling information)

PARENT INFORMATION

Father's Name _____ Mother's Name _____

E-Mail _____ E-Mail _____

Telephone _____ Telephone _____

Marital Status: Married ___ Separated ___ Divorced ___ Single ___ Parent Deceased ___ Other _____

Other adults with whom child lives: _____

List the names and ages of siblings: _____

MEDICAL INFORMATION

Does your child have any allergies? _____

Does your child have any special needs we should be aware of? _____

Students are admitted without regard to race, religion, sex, or national origin.

SCHOOL RELATED INFORMATION

Has your child attended a school or daycare program before? _____

How do you think your child will feel about entering school? _____

Why did you choose a Montessori school for your child? _____

FAMILY INFORMATION

Is your child involved in any other activities outside of school? _____

What is his/her daily routine? _____

What kinds of self-care activities (dressing, washing, etc.) is your child able to do by him/ herself? _____

What words best describe your child? _____

Please list any holidays your child is NOT permitted to celebrate at school. _____

Are there any special skills, talents or interests that you would be willing to share with the class? Please describe.

Please return this completed form with your \$50 application fee to the following address. The school will contact you to set up an appointment for an interview. Thank you.

Laura Self
Journey Montessori Academy
13601 S. Tryon Street
Charlotte, NC 28278

Signature of Parent or Guardian: _____

Date: _____

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