

School Records Request Release

Parents and Guardians: Only this page will be photocopied and sent to your child's current school. The rest of the application is not included.

I/We hereby authorize my/our child's current/former school to release information from the record of my/our child to the Montessori Children's House of Durham. I/We authorize an MCHD teacher to observe my/our child at his/her current school, and to discuss my child with his/her current teacher now or in the future. It is understood that the information obtained will remain confidential.

Child's Last Name *(Please write on the line above.)* First Name Middle Name

Current School Current Grade

Current School Address Current School Phone Number

Signature Parent/Guardian 1 Date Signature Parent/Guardian 2 Date

STUDENT'S CURRENT SCHOOL:

Please provide the following information:

- ◆ School records for at least three previous years, if applicable
- ◆ Standardized Test Scores
- ◆ Health record, including immunization record
- ◆ A copy of all psychological or other professional evaluations

Please send to:
Montessori Children's House of Durham
2400 University Drive
Durham, NC 27707

Or FAX to: (919) 490-1572

For questions please call: (919) 489-9045

For MCHD Use Only

CAT: _____

Recd	Ack	Off	Acc	AccFee
AppFee	Obs	Ddline	Dec	Wthdr
Records Req sent	Records Rec'd	Obs	Visit	



**MONTESSORI
CHILDREN'S
HOUSE OF
DURHAM**

Nurturing the Child ~ Mind and Spirit ~ Since 1977
2400 University Drive ~ Durham, NC 27707 ~ (919) 489-9045 ~ www.mchdurham.org

**Application for Extended Day (K) and
Elementary (Grades 1-6) Enrollment**

Applicant Information

Child's Last Name *(Please write on the line above.)* First Name Middle Name Goes By

Sex: M F Date of Birth: _____

Applying for Grade: For School Year:

Extended Day (Kindergarten) 2009-10

1 2 3 2010-11

4 5 6 2011-12

Current School/Daycare (if applicable) Current Grade

Family Information

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Last Name <i>(Please write on the line above.)</i> First Name	Last Name First Name
Home Address	Home Address
City, State, Zip	City, State, Zip
Home Phone Work Phone	Home Phone Work Phone
Email Address	Email Address
Best way to contact you	Best way to contact you
Occupation	Occupation
Employer	Employer
Parent /Guardian 1 Remarried - Name of Step-parent	Parent /Guardian 2 Remarried - Name of Step-parent
Check if applicable: <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Parents Separated <input type="checkbox"/> Sole Parent <input type="checkbox"/> Parent Widowed <input type="checkbox"/> Legal Guardian	
If divorced, who has legal custody? _____	

Primary language(s) spoken at home

The Montessori Children's House of Durham is an accredited Pre-K and Elementary school for children ages 18 months to 12 years. MCHD admits students of any gender, race, religion, creed, family structure, and national or ethnic origin.

Diversity (Optional)

We strive to be a school with a diverse population. Please tell us about your child's and your family's:

Race _____ Heritage/Culture _____

Family structure _____ Physical abilities _____

Ethnicity _____ Religion _____

Other information you feel can contribute to understanding how your child or family brings diversity to our school community:

Sibling Information

Sibling Name *(Please write on the line above.)* Date of Birth Grade Current School

Sibling Name Date of Birth Grade Current School

Sibling Name Date of Birth Grade Current School

Have any of your other children attended MCHD? If yes, who and when? _____

Health, Medical, and Educational Information

Has your child ever had: Tutoring Psychological testing, counseling, or therapy

Medical/Health Issues Speech, hearing, or occupational therapy Developmental concerns

If yes to any of the above, please describe:

Other Information

At this time, are you interested in Little House After School care ? Yes No (This does not affect admissions decisions.)

In what MCHD levels do you currently plan on enrolling your child in the future?

Extended Day (Kindergarten) Lower Elementary (Grade 1-3) Upper Elementary (Grade 4-6)

To what other schools are you applying?

How did you hear about our school?

Carolinian *Carolina Parent* *Campus Echo* (NCCU) *Independent Weekly* *Saathee Magazine* *Duke Chronicle*

Quepasa Open House Banner Current Family _____ Other _____

Parent Responses

What do you want most for your child in a school experience?

What do you find most endearing about your child? What do you find most challenging?

Have you had previous association with or knowledge of the Montessori method? If yes, please describe.

What aspects of a Montessori school do you find most appealing?

What aspects of a Montessori school would you like to know more about?



MCHD is an accredited Montessori school. All teachers use a nationally accepted Montessori curriculum, and our school follows the principles and practices of the American Montessori Society (AMS) in all aspects of its work. As part of this Application, one or both parents are required to observe an MCHD classroom for at least one hour. Call the MCHD office at (919) 489-9045 to schedule an observation appointment.

Parent Signature

The undersigned hereby make formal application for our child to enter Montessori Children's House of Durham and enclose the non-refundable fee of \$100.00. We understand that an application is considered complete when:

- ◆ At least one parent/guardian has observed a classroom for an hour or more
- ◆ This application has been submitted to the MCHD office
- ◆ The \$100 application fee has been submitted
- ◆ The child's student records and recommendations from previous school(s) have been received (if applicable). (See back of this page.)
- ◆ An MCHD teacher observes in your child's current school, if possible.
- ◆ The child and parent(s)/guardian(s) have interviewed with an MCHD teacher, if possible.
- ◆ Your child has visited an MCHD classroom, if possible (Grade 1 or older)

We understand that MCHD relies on the information contained in this Application and, therefore, any inaccuracies or omissions will be grounds for MCHD to initiate replacement of this child at any time, if admitted.

Signature Parent/Guardian 1 Date Signature Parent/Guardian 2 Date