



Application for Admission

Child's full name: _____

Date of birth: _____ Requested month/year of enrollment: _____

Siblings and ages: _____

Parent/guardian information:

Parent 1

Full name: _____

Address: _____

Phone: _____

Email: _____

Parent 2

Full name: _____

Address: _____

Phone: _____

Email: _____

How did you hear about us?

Why are you interested in a Montessori education for your child?

What is important to you when it comes to your child's educational experience?

What are your child's strengths?



What are your child's challenges?

Tell us about your child's educational history.

Tell us about any talents, interests, or resources that you could share to enhance our school community.

Tell us about any family considerations we should know about (custody situation, blended family, religious/spiritual beliefs, etc.).

Does your child have any unique needs we should know about (dietary restrictions, physical limitations, health considerations, etc.)?

The information provided above is true and accurate. I understand that any information provided will be kept confidential by Outer Banks Montessori Collective. I understand that there is a \$40 non refundable application processing fee.

Parent Signature: _____ Date: _____

A note on the application process:

Once this application, a teacher/mentor recommendation, and school/testing records have been submitted, we will schedule a parent observation with you. The parent observation will be a time for you to see our program in action and ask us any questions you have.

Once you have observed, and you feel our program would be a good fit for your family, we will schedule a shadow day for your child. After the shadow day, a final decision will be made about admission or waitlist status. We will notify you within a week of your child's shadow day about a decision.