



FOR OFFICE USE ONLY

DATE RECEIVED _____ APPLICATION FEE _____

Application for Admission

Admission for _____
month year

Student's Full Name _____

Nickname _____

Date of Birth _____ Age _____

Male _____ Female _____

Street Address _____

Home Phone _____

City, State, Zip _____

Program Applying for:

Young Children's Community: Half-day M-TH 8:30am-11:45am _____
(entering ages 15 months and older)

Full-day M-F 8:30am until 3:15pm _____ 4:30pm _____ 5:30pm _____

Primary: _____
(entering ages 2.6 months and older)

Elementary: Grade 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Parent/Guardian 1 _____

Relationship to child _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Employer _____

Position _____

Hobbies/Interests _____

Email Address/es _____

May we add you to our school newsletter/announcement distribution list?

Yes _____ No _____

Parent/Guardian 2 _____ Relationship to child _____

Street Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____

Hobbies/Interests _____

Email Address/es _____

May we add you to our school newsletter/announcement distribution list? Yes ____ No ____

Family Information: married ____ divorced ____ separated ____ single parent ____ life partners ____ widowed ____

Other members of the household (grandparents, nanny, other relatives, etc.) _____

Would you like your child's grandparents to receive our newsletter? Email Address/es _____

Siblings: Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Regular caregivers (babysitter, grandparent, etc.) _____

Language/s spoken in your home _____

How did you learn about The Cobb School? Check all that apply.

Advertisement ____ Word-of-Mouth ____ Past Parent ____ Current Parent ____ Facebook ____ Twitter ____

Other _____

Why did you decide to apply to a Montessori school? _____

Why did you decide to apply to The Cobb School? _____

What other schools or preschool programs has your child attended?

May we contact your child's current or past teacher to discuss your child's experiences at school? Yes _____ No _____

If yes, please provide us with the names of teacher/s, school/s and phone number/s.

Has your child attended enrichment programs (music, gymnastics, etc.), and how would you characterize your child's experiences in such programs? _____

What features do you like to see in a school or program? Are there elements you are looking for that you haven't experienced?

How would you describe your child's general behavior, health and temperament?

Does your child have any physical limitations or requirements? Please describe.

Does your child have allergies? Please list and describe.

Has your child ever been referred to a specialist for evaluation or testing? Please describe the behaviors that prompted this recommendation and what was discovered throughout the evaluative process.

Why do you think your family is a good fit for The Cobb School, Montessori?

I/We acknowledge that the information I/we provide during this application process is full and complete. I/We understand that failure to provide full and complete disclosure, providing false information, or making false modifications to documents can lead to dismissal or a decision not to admit the student. A non-refundable application fee of \$100 must accompany this application form. This fee is not applied against tuition.

Signature of Parent/Guardian 1 _____ Date _____

Signature of Parent/Guardian 2 _____ Date _____

Please mail application to:
Sallie Ann Jacobs, Director of Admissions
The Cobb School, Montessori
112 Sand Hill Road
Simsbury, CT 06070

The Cobb School, Montessori does not discriminate on the basis of race, gender, sexual orientation, disabilities, or national or ethnic origin. We encourage families of every background to apply, knowing The Cobb School community is richer for its diversity.