Admission

* To begin the application process, complete and return the application form, along with the non-refundable application fee of $45.00 to The Montessori Academy of Jackson, P.O. Box 14183, Jackson, MS 39236.

* Upon receipt of your application, we will contact you to schedule a parent interview.

* Following the interview, an appointment will be made to determine your child’s developmental readiness through informal assessments.

* Upon acceptance, you will have two weeks in which to return your enrollment agreement and non-refundable $450.00 registration fee to secure your child’s place.

Philosophy and Policies

The essence of the Montessori philosophy is to create an environment that fosters each child’s development. The school works to build classroom communities that best meet the needs of all children.

Our admissions process is a partnership between family and school. We consider many factors to determine whether or not the student, family, and school are a good fit. Our admissions process is not competitive, but rather a reflective and supportive process of collaboration.

*The Montessori Academy of Jackson admits students and parents of any race, gender, color, religious affiliation, national or ethnic origin, or sexual orientation. We do not discriminate in the administration of our school policies or programs.*
Application for Enrollment

Date of Application __________________________

Name of Child ________________________________ Date of Birth __________________________

Male____ Female____ Age____ Siblings: yes____ no____ Ages:____________________________

Program: Toddler (24mo-3yr) ______ Primary (3-6yr) ______ Elementary (1-6 gr) ______

Extended Care: 3:15-5:15 pm Yes____ No____

Family Information:

Father/Guardian___________________________ Home Phone __________________________

Address _________________________________ City: __________ State: ______ Zip Code _______

Email _________________________________ Cell Phone __________________________

Place of Employment ______________________ Business Phone ______________________

Mother/Guardian___________________________ Home Phone __________________________

Address _________________________________ City: __________ State: ______ Zip Code _______

Email _________________________________ Cell Phone __________________________

Place of Employment ______________________ Business Phone ______________________

How did you hear about The Montessori Academy of Jackson?

Website/Internet_____ Advertisement_____ Referral_______________________________ (name)

I understand that the enclosed fee is non-refundable and not applicable to tuition. The Montessori Academy of Jackson reserves the right to place children in order to maintain balanced classes with respect to the number of children, their age, gender, and individual needs of the students.

Parent Signature ___________________________________________ Date ______________________

All students are welcome without regard to race, color, religion, gender, disability, or national origin. Return this form with the $45.00 application fee to: The Montessori Academy of Jackson, P.O. Box 14183, Jackson, MS 39236
Enrollment Questionnaire

Why are you seeking a Montessori education for your child? ______________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What expectations/goals do you have for your child’s education? ________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What would you like to learn about Montessori education at parent meetings? ______________________
________________________________________________________________________________________
________________________________________________________________________________________

What other topics related to child development would be of interest to you? ________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please list three activities your child enjoys: _____________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Does your child have any hobbies, sports, special interests, or unusual talents? ______________________
________________________________________________________________________________________
________________________________________________________________________________________

Is your child potty trained and if not, to what extent does he/she need assistance? ___________________
________________________________________________________________________________________
________________________________________________________________________________________

What is the primary language spoken in your home? _____________________________________________

Does your child participate in household chores or other family responsibilities? ____________________
________________________________________________________________________________________

Does your child watch T.V.? _______ How long: _____________________ daily
Does your child play video games? _______ How long: _____________________ daily
Does your child use the computer? _______ How long: _____________________ daily

List five adjectives which describe your child:
________________________________________________________________________________________
________________________________________________________________________________________

Parent Signature ______________________________________ Date _____________________
Child’s Name __________________________________________