



## Mead Montessori Elementary Application

To help you know if this is the right place for you to be and become your best self, we encourage you to fully engage in all steps of the application process:

The application includes:

- **Info sheet**
- **Parent Statement**
- **Last two years of school records**
- **\$100 Application Fee (non-refundable)**

Please return this completed form with your application fee to the school. We will contact you to set up an appointment for an informal interview with your child. Upon acceptance, August tuition will be due by June 1st to hold your space in the program. If you have further questions about Mead Montessori School's admissions process, please contact 865-577-0760 or email us at:

[info@meadmontessorischool.com](mailto:info@meadmontessorischool.com)

### Student Information

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Preferred Nick Name

\_\_\_\_\_  
Student's Home Address                      City                      State                      Zip Code

\_\_\_\_\_  
Student Phone                      Student Email

\_\_\_\_\_  
Date of Birth                      Gender

**Parent Information**

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Parent Full Name Relationship to Child

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Home Address City State Zip Code

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Home Phone Cell Phone Parent Email

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Occupation and Title Employer

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Business Phone

**Parent Information**

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Parent Full Name Relationship to Child

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Home Address City State Zip Code

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Home Phone Cell Phone Parent Email

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Occupation and Title Employer

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Business Phone

**If the parents are separated or divorced please advise us:**

Who has legal custody of this child? \_\_\_\_\_

To whom should admissions correspondence be sent? \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

**Please list all other children in the family.**

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Name Birth Date Name Birth Date

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Name Birth Date Name Birth Date

Student's ethnic origin (optional):  African/African American  Asian/Asian American  
 Caucasian  Latino/Hispanic  Middle Eastern  Native American  Pacific Islander  
 Multiracial (please specify ethnic groups) \_\_\_\_\_

## School History

\_\_\_\_\_  
Current School Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name of student's teacher/advisor

Please list the names and dates of previous schools your child has attended, back to age 5.

\_\_\_\_\_  
School Name Dates

\_\_\_\_\_  
School Name Dates

\_\_\_\_\_  
School Name Dates

\_\_\_\_\_ **Application Fee of \$100 is enclosed. (Fee must accompany the application)**

\_\_\_\_\_ **Parent Statement is enclosed.**

\_\_\_\_\_  
Parent/guardian Signature Parent/guardian Signature

\_\_\_\_\_  
Date

**Parent Statement**

Parent completing this form: \_\_\_\_\_

Please list the dates your child has attended a Montessori school.

\_\_\_\_\_

How did you learn about Mead Montessori School?

\_\_\_\_\_

\_\_\_\_\_

In what ways do you see Mead Montessori School as a good match for you and your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you envision your role in your child's education?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's behavioral, social and/or cognitive strong points?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's interests and favorite activities away from school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's behavioral, social, and/or cognitive challenges?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies or chronic conditions that require medical treatment?  
If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Does your child have limitations in participation of classroom or physical activities?  
If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the past two years, has your family experienced any significant changes that may have affected your child? Examples might include: illness, death, relocation, or changes in finances or family composition. If yes, please explain.

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Please describe the regular responsibilities for which your child is accountable in your household.

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What are the key goals you expect your child to achieve between now and age 12?

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To what other schools is your child applying?

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If available, will your child be requiring after school care at Mead? \_\_\_\_\_

If so, for what hours? \_\_\_\_\_

When parents share special skills with the school to help support facility and administrative needs, they help in building a larger community of participation and involvement in their child's education. Please indicate below the area/s which you would most like to support:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Field trip transportation | <input type="checkbox"/> Illustration              | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Outdoor work              | <input type="checkbox"/> Sewing                    | <input type="checkbox"/> Painting     |
| <input type="checkbox"/> Computer help             | <input type="checkbox"/> Refreshments for meetings | <input type="checkbox"/> Carpentry    |

Other \_\_\_\_\_

As these opportunities or needs arise throughout the year, the school may contact you for volunteer work.

*All questions on this application have been answered honestly and completely.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***For parents whose children are not currently attending Mead:***

Why are you looking to change schools for your child at this time?

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Describe your child's previous educational experience. What were the positive aspects and what were the challenges?

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What languages does your child regularly speak at home?

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Has your child ever been accelerated, held back, or asked to leave a school? If yes, please explain.

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Has your child undergone any diagnostic or evaluative testing for learning differences or psychological or psychiatric concerns, either in the school or outside the school? If yes, please explain.

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Has your child had any academic challenges that required tutoring or remedial assistance? If yes, please explain.

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*All questions on this application have been answered honestly and completely.*

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Parent Signature

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Date

**Mead Montessori School  
Record Release Form**

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Student's Name

Today's Date

Current Grade Level/Grade Completed: \_\_\_\_\_

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School Now Attending/Last Attended

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School Telephone

***I hereby give permission to the school I have listed above to release information to Mead Montessori School as requested below.***

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Parent Signature

**To the Registrar:**

The student named above, who is currently enrolled in your school or who recently attended your school, has applied for admission to Mead Montessori School. Please send us copies, ***only from the last two years***, of progress reports, standardized test scores, teacher comments, and other pertinent information you feel might be helpful to us in evaluating his/her total development.

***Thank you for your help.***

Mail or Scan and Email directly to:

Mead Montessori School

2647 Bafford Place

Knoxville, TN 37920

Phone: 865-577-0760

Email: [info@meadmontessorischool.com](mailto:info@meadmontessorischool.com)

Website: [www.meadmontessorischool.com](http://www.meadmontessorischool.com)