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**Mead Montessori Adolescent Program**

**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**

**Student 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 the Mead Montessori Adolescent Program admissions process, please contact 865-577-0760 or email us at: info@meadmontessorischool.com

**Student Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Last Name Preferred Nick Name

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Student's Home Address City State Zip Code

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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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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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

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

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School Name Dates

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

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

**\_\_\_\_\_\_** **Student Statement is enclosed.**

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Parent/guardian Signature Parent/guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Parent Statement**

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

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

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How did you learn about Mead Montessori School?

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

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

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

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

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

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Does your child have any allergies or chronic conditions that require medical treatment?

If yes, please describe.

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Does your child have limitations in participation of classroom or physical activities?

If yes, please describe.

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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 15?

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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:

\_\_\_ Field trip transportation \_\_\_Illustration \_\_\_ Fundraising

\_\_\_ Outdoor work \_\_\_ Sewing \_\_\_ Painting

\_\_\_ Computer help \_\_\_ Refreshments for meetings \_\_\_ 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 or Greenway:***

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 Date

**Student Statement**

*To the student: Please complete the following short-answer questions in the space provided, in your own*

*handwriting.*

1. Please tell us why you would like to attend Mead Montessori Adolescent Program.

2. Why are you leaving your current school or educational setting?

3. What type of independent study would you be interested in pursuing? Why would you select this topic? How would you go about studying it?

4. How would your teachers describe you?

5. How would your friends describe you?

6. Everyone has something special to offer. What will you bring to the school that is special and unique?

7. Please list your primary interests and activities in order of importance to you (areas such as music, theater, art, science, math, writing, athletics, community service, leadership roles, hobbies, etc.)

8. What new activities or organizations would you join if available to you?

9. What are your experiences outdoors? (Outdoor camps, nature walks, travel, hiking, camping, gardening, etc.)

***To the student****: Please answer the following essay question on a separate piece of paper. There is no*

*length requirement, but please answer the question fully. Please do not seek assistance from anyone in*

*writing this essay, as we are interested in your perspective.*

Write about a particular time when you challenged yourself. This might not have been in school.

**Mead Montessori Adolescent Program**

**Record Release Form**

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Student's Name Today’s Date

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Now Attending/Last Attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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 Adolescent Program. 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

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