



Cascades Montessori Middle School

APPLICATION FOR ADMISSION

Child's Full Name _____

Birth date _____ Gender _____ Starting Date _____

Applying for: 7th year _____ 8th year _____ Date of Application: _____

Parent or Guardian _____

Address _____

Telephone (home) _____ (work) _____ (cell) _____

Email _____ Occupation _____

Parent or Guardian _____

Address _____

Telephone (home) _____ (work) _____ (cell) _____

Email _____ Occupation _____

Previous schools attended by applicant: _____

Other children in family: Name _____ Age _____

Name _____ Age _____

Please answer the questions below to help us understand you and your child.

What is your experience with Montessori education? _____

What educational goals do you have for your child? _____

Cascades Montessori Middle School

2710 McKenzie Bellingham, Washington 98225

(360) 306-8723

info@cascadesmiddle.org

www.cascadesmiddle.org

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How do you see CMMS assisting you in meeting these goals for your child? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully developed? _____

Has your child been seen by a therapist or medical doctor for any reason that might influence participation at CMMS? If so, please provide any diagnosis or ongoing treatment information.

What talents, interests, and resources can you share to enhance the CMMS community?

A registration fee of \$50 must accompany this application. Please make the check payable to **Cascades Montessori Middle School**.

I hereby apply for the admission of _____ to Cascades Montessori Middle School and agree to abide by the rules and regulations thereof.

Signature of parent or guardian _____ Date _____

Cascades Montessori Middle School is a 501(c) (3) non-profit organization that is not affiliated with any religious organization. The organization does not discriminate on the basis of race, color, ethnicity, gender or sexual orientation in its educational policies or scholarship distributions.

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