

Country Day School of Arlington Montessori Program Registration Form and Application for Enrollment

Please Print

STUDENT INFORMATION

Full Name of Student _____ Applying for school year _____

Preferred Name _____ Age _____ Grade/Level _____

Birth Date ____/____/____ Gender: Male Female Social Security # _____ - _____ - _____

Racial/Ethnic Group (Optional): African American Asian American Caucasian

Hispanic American Middle Eastern Multi Racial Native American Other _____

PARENT/GUARDIAN INFORMATION

Dr./Mr./Mrs./Ms. _____ Home Phone () _____

Home Address _____
(Street) (City) (Zip)

Occupation _____ Daytime Phone () _____

Company Name _____ Cell/Pager () _____

Company Address _____
(Street) (City) (Zip)

Primary Email address _____

Secondary Email address _____

PARENT/GUARDIAN INFORMATION

Dr./Mr./Mrs./Ms. _____ Home Phone () _____

Home Address _____
(Street) (City) (Zip)

Occupation _____ Daytime Phone () _____

Company Name _____ Cell/Pager () _____

Company Address _____
(Street) (City) (Zip)

Primary Email address _____

Secondary Email address _____

Parents/Guardians: Married Separated Divorced Widowed Unmarried

Who has legal custody of the applicant? _____

If parents do not live together:

Do both biological parents receive evaluation/ report card information? No Yes

Please indicate with whom the applicant lives _____

Are both biological parents to be shown in directory? No Yes

OTHER CHILDREN

Name _____ Age _____ School _____

1100 Roosevelt St. Arlington, TX 76011 Phone: (817) 275-0851 Fax: (817) 275-0263

www.cdsa.org

(Please complete all pages of this form)

Name _____ Age _____ School _____

Name _____ Age _____ School _____

PREVIOUS SCHOOL INFORMATION

Last School Attended _____ Principal/Teacher _____

School Address _____
(Street) (City) (Zip)

Dates Attended _____

HEALTH INFORMATION

Describe the student’s health (including allergies, physical and/or medical considerations, recent illnesses that may have affected, or may affect, the applicant’s performance in school)

EMERGENCY CONTACT INFORMATION

Emergency contact other than parent (persons to whom the student may be released):

Name _____ Relation _____

Address _____ Phone () _____
(Street) (City) (Zip)

Name _____ Relation _____

Address _____ Phone () _____
(Street) (City) (Zip)

Physician to contact in case of emergency:

Name _____ Phone () _____

Address _____
(Street) (City) (Zip)

DISMISSAL INSTRUCTIONS: *This states your child’s regular pick-up schedule. Changes to routine **must be** submitted in writing to the front desk, no exceptions. List individuals and DL#s to whom the student may be released:*

Monday

Tuesday

Wednesday

Thursday

Friday

I hereby give Country Day School of Arlington permission:

(check all that apply)

to provide medical treatment for my child in the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident.

to photograph and/or quote my child for school brochures, class pictures, newspapers, and/or television coverage.

Water Activities: I hereby give do not give my consent for my child to participate in water activities.

GRANDPARENT INFORMATION

May we mail school material to grandparents? Yes No

Maternal Grandparents _____

Address _____
(Street) (City) (Zip)

Paternal Grandparents _____

Address _____
(Street) (City) (Zip)

A non-refundable \$100.00 application fee and a copy of the birth certificate must accompany all applications.

I have carefully reviewed the questions on this application and have answered them fully and to the best of my knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Montessori Country Day School of Arlington admits qualified students without regard to gender, race, color, and national or ethnic origin.

<p><i>For Office Use Only</i></p> <p><input type="checkbox"/> Date Received _____</p> <p><input type="checkbox"/> Copy of Birth Certificate</p> <p><input type="checkbox"/> Visitation Scheduled for _____</p> <p><input type="checkbox"/> \$100.00 Application Fee</p>
