

CHENAL VALLEY MONTESSORI SCHOOL
Transitional Class
Fall 2015

The following information is submitted as part of this application:

Today's Date _____

Child's name: _____

Name to be used at school: _____ Sex: _____ Age: _____

Date of Birth: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ is phone number unlisted? _____ if so, may we use it in the school roster? _____.

Father's Name (or Guardian's Name): _____

Father's Place of Employment: _____

Mother's Name: _____

Mother's Place of Employment: _____

Student History:

School attended last year: _____

Home school _____

Grades are _____ excellent
_____ very good
_____ average
_____ below average

Comment: _____

Reason for applying to this school? _____

Parents will be notified July 1, 2015 regarding their child's acceptance. Please mail application to: C.V.M.S. Transitional Class

P. O. Box 25526

Little Rock, AR 72221

Tuition if accepted: \$600 per month

Application fee: \$100