



Noble World Montessori School

Founded 1993

" ..The most important period of life is not the age of university studies; rather the period from birth to the age of six, for that is the time when intelligence itself is being formed. "
Dr. Maria Montessori

For office use only		
Date received _____	_____	Check # _____
Received by _____	_____	

Application for Enrollment Program applying

Date of desired entry: _____

<input type="checkbox"/> Toddler Ages 15month -3 years	<input type="checkbox"/> Half Day (9:00 a.m. – Noon)
<input type="checkbox"/> Primary Ages 2 ½ - 6 years	<input type="checkbox"/> Full Day (9:00 a.m. – 3:00 p.m.)
<input type="checkbox"/> Elementary Ages 6 – 11 years	<input type="checkbox"/> All Day (7:30 a.m. – 6:00 p.m.)

Admission to Primary and Elementary programs is contingent upon independence in the bathroom, and readiness as determined during the admissions process.
Please note: Failure to disclose all relevant developmental, behavioral and academic information may result in dismissal.

Student's Full Name: _____ Home phone: _____

Nickname (if any): _____ Birth date: _____ Gender: _____

Home address: _____
(City) (State) (Zip)

Mother's Full Name: _____

Home address and phone, if different from child: _____
(City) (State) (Zip)

Occupation: _____ Business phone: _____ Cell phone: _____

Employer: _____ E-mail: _____
(Name) (Address)

Father's Full Name: _____

Home address and phone, if different from child: _____
(City) (State) (Zip)

Occupation: _____ Business phone: _____ Cell phone: _____

Employer: _____ E-mail: _____
(Name) (Address)

Person(s) who is authorized to pick up your child: _____

Relationship: _____ Home phone: _____ Cell phone: _____

If parents are divorced, what are the custodial arrangements?

Other adult who provides care for your child: _____

Relationship: _____ Phone: _____

How often? (daily, weekly, occasionally, etc.) _____

“Observation, Discovery, Learning”

2502 East Piedmont Road, Marietta, GA 30062, Ph: 770-509-1775
www.nobleworldmontessori.com email: nobleworld.info@gmail.com

Siblings:

Name: _____ Birth date: _____ Gender: _____

Attending: _____

Name: _____ Birth date: _____ Gender: _____

Attending: _____

Language(s) spoken at home: _____

General Health Please check all that pertain to your child.

_____ Allergies please note: _____

_____ Medication Please list: _____

_____ Asthma _____ Ear infections _____ Headaches _____ Colicky as a baby _____ Seizures _____ Convulsions _____ Eye problems

_____ Stomach aches _____ Speech problems _____ Motor development problems _____ Accident where unconscious

Developmental History: At what age (in terms of months) your child

a) crawl? _____ b) walk? _____ c) toilet trained? _____

d) first speak a word? _____ e) first speak in complete sentences? _____

Is your child independent in the bathroom? Yes _____ No _____

PLEASE CHECK any of the following that describes your child most of the time:

_____ happy _____ introverted _____ extroverted _____ creative _____ dramatic _____ young for age _____ active _____ empathetic

_____ daydreams _____ cooperative _____ moody _____ confident _____ cautious _____ cries easily _____ affectionate _____ patient

_____ persevering _____ adventurous _____ prefers leading _____ sensitive _____ shy _____ prefers following

How much time does your child spend with other children? _____ where? _____

Is your child involved in any activities outside of school? _____ which ones? _____

What activities does your child particularly enjoy? _____

How does your child handle frustration? _____

What approach to discipline do you use? _____

List any discipline problems you may be experiencing at this time. _____

How are you handling the problem? _____

How many hours does your child spend watching television? _____ a day _____ a week

Educational or psychological evaluations (include copies) that have been completed:

Current School:

Name of facility: _____

Address: _____ Phone: _____

Name of Director: _____ Dates attended: _____

Physician's name _____ Office phone _____

Address _____ Health care insurance _____

City, state, zip _____ ID # _____

How did you hear about Noble World? (If a publication, be specific)

What are your educational goals for your child?

How do you see Noble World facilitating these goals?

**** (For ELEMENTARY APPLICANTS ONLY)**

Current School:

Name: _____

Address: _____ Phone: _____

Name of principal/head: _____ Dates attended: _____

Prior Schools:

Name: _____ Location: _____

Dates attended: _____ Grade level: _____

Name: _____ Location: _____

Dates attended: _____ Grade level: _____

Name: _____ Location: _____

Dates attended: _____ Grade level: _____

Has the applicant ever been dismissed from any school for any reason? _____ Yes _____ No

If yes, please explain, including name of school and principal: _____

Does the applicant have any clinically diagnosed learning differences or academic issues? _____ Yes _____ No

If yes, in what areas? _____

Has additional special testing or tutoring been recommended at any point in school? _____ Yes _____ No

If yes, what grade, and in what area? _____

I hereby make application for my child _____ for admission to Noble World Montessori School for the school year. I understand my child must be toilet trained prior to admittance to primary and elementary programs.

Signature of parent or guardian making application _____ Date _____

Please enclose your non-refundable application fee of \$50.00 and return to:

**Admissions
Noble World Montessori school
2502 East Piedmont Road
Marietta, GA 30062**

If you have any questions please feel free to contact the Admissions Director at 770-509-1775 or e-mail nobleworld.mehdi@gmail.com