

SOUTH SUBURBAN MONTESSORI SCHOOL

4450 Oakes Road, (Blossom Hill Complex) Bldg. #6, Brecksville, Ohio 44141

Phone (440) 526-1966, Fax (440) 526-6026 www.ssmsmontessori.net

KINDERGARTEN/ELEMENTARY/MIDDLE SCHOOL APPLICATION FOR ENROLLMENT

ACADEMIC SCHOOL YEAR _____ - _____

EXTENDED DAY (Kindergarten) 8:30 AM – 3:15 PM 7:30 AM Early Arrival (optional) 3:15 PM– 6:00 PM Encore (5 days/wk)

ELEMENTARY (grades 1-6) 8:30 AM – 3:15 PM 7:30 AM Early Arrival (optional) 3:15 – 6:00 PM Encore (optional)

MIDDLE SCHOOL (grades 7 and 8) 8:30 AM – 3:15 PM 7:30 AM Early Arrival (optional) 3:15 – 6:00 PM Encore (optional)

Child's Full Name and Nickname _____

Date of Birth _____ Gender _____

Home Address _____
Street _____ City _____ Zip _____

Home Telephone _____ Public School District _____

Parent/Guardian _____ Marital Status _____ Occupation _____

Business Address _____
Employer _____ Street _____ City _____ Zip _____

Telephone _____ Email Address _____

Parent/Guardian _____ Marital Status _____ Occupation _____

Business Address _____
Employer _____ Street _____ City _____ Zip _____

Telephone _____ Email Address _____

With whom does your child live? _____

Child's current school _____ Current Grade _____ Dates Attended _____

To what grade are you applying? _____

Please list names, ages, and schools of siblings:

Name _____ Age _____ School Attending _____

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How did you learn about SSMS's Elementary Community? _____

Please provide the names of current or former SSMS families that recommended our school to you. _____

Does your child speak any foreign language? _____

What educational goals do you have for your child and how do you see South Suburban Montessori School facilitating these goals? _____

Describe your child's academic strengths. _____
