

# Metro East Montessori School

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Thank you for your interest in the Adolescent Program at Metro East Montessori School (MEMS) located in Granite City, IL. MEMS strives to maintain a diversified student body by admitting students of any racial and ethnic heritage, religious belief, orientation, and family structure. Students with Montessori background will be given priority, but we encourage students without Montessori background to apply. MEMS does not have an entrance exam for admission.

## **MEMS Admissions Process Checklist**

1. Attend one of our informational open houses.
2. Complete the application for admission and include \$25 for the application fee.
3. Students new to MEMS will need to schedule a half day at MEMS shadowing one of our students.
4. Completed recommendation forms.
5. Parents must sign the enclosed transcript release form and *deliver it to the applicant's current school office*. This authorizes the applicant's current school to send us a copy of the student's records.
6. Schedule a student interview with the Adolescent Program Advisor.
7. Schedule a parent interview with the Adolescent Program Advisor.
8. Once all materials have been received by the MEMS office, a decision will be made by MEMS administration and faculty. Decisions are made based on an evaluation of the applicant's interview, transcripts, school visit and the needs of the existing MEMS classes.

## General Information

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Native Language \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Applying for grade \_\_\_ 7<sup>th</sup> Grade \_\_\_ 8<sup>th</sup> Grade \_\_\_ 9<sup>th</sup> Grade

Current School Name \_\_\_\_\_

Current School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ School Phone Number \_\_\_\_\_

Name of Principal or Director \_\_\_\_\_

### Previous Schools Attended:

| School Name | City, State | Dates | Grade Levels |
|-------------|-------------|-------|--------------|
|-------------|-------------|-------|--------------|

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Has student ever received severe disciplinary censure at school or from the community? \_\_\_\_\_

School Suspension? \_\_\_\_\_ Asked to withdraw by school? \_\_\_\_\_ Expelled? \_\_\_\_\_

*\*If yes to any of the above questions, please attach an additional sheet with an explanation.*

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## Parent/ Guardian 1 Information

Dr.  Mr.  Mrs.  Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

## Parent/ Guardian 2 Information

Dr.  Mr.  Mrs.  Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

## Please check all that apply:

Parents married and living together  Parents divorced or separated

Mother is remarried (name of spouse) \_\_\_\_\_

Father is remarried (name of spouse) \_\_\_\_\_

Single Parent  Father Deceased  Mother Deceased

**Student lives with:**  Mother  Father  Both  Other (please explain) \_\_\_\_\_

**Please list the names and ages of siblings** \_\_\_\_\_

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**I/We do hereby attest that the information contained in this application is true and accurate to the best of my/our knowledge. We further acknowledge that the submission of this application permits Metro East Montessori School to review transcripts, test score, evaluations, and recommendations about the applicant in the determination of admission.**

**Applicant's Name** \_\_\_\_\_

**Parent/ Guardian's Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/ Guardian's Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*If the applicant is in the legal custody of only one parent, only that parent's signature is required on this form and on all forms throughout this application.**



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## Parent Recommendation - Copy 1

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please rate your child on the following parameters:** *Use a "10" for Outstanding and a "1" for Poor*

Trustworthiness \_\_\_\_\_

Self-Direction \_\_\_\_\_

Cooperation \_\_\_\_\_

Teamwork \_\_\_\_\_

Consideration of Others \_\_\_\_\_

Creativity \_\_\_\_\_

Independence \_\_\_\_\_

Intellectual Interests \_\_\_\_\_

**Please respond to the following questions:**

**1. How would you characterize your child's personality, interests, strengths, and weaknesses?**

**2. In what areas would you like to see your child develop?**

**3. What are your educational expectations for your child?**

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### ***Parent Recommendation - Copy 1 (continued)***

- 4. What significant issues or challenges has your child faced in his/her life?**
  
- 5. Does your child have any past or present health issues? Please explain.**
  
- 6. Please share details regarding any previous or current testing/ assessments completed for your child. Has he/she been referred, at any time, to a psychologist, psychiatrist, or social worker?**
  
- 7. Does your son or daughter have any special needs for which the school needs to be prepared? Please explain.**
  
- 8. What are your expectations from the school that your child will attend?**
  
- 9. Please share with us anything else that you would like us to know about your child.**

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**Parent Recommendation - Copy 2**

**Applicant's Name** \_\_\_\_\_ **Applying for Grade** \_\_\_\_\_

**Parent/ Guardian's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please rate your child on the following parameters:** *Use a "10" for Outstanding and a "1" for Poor*

Trustworthiness \_\_\_\_\_

Self-Direction \_\_\_\_\_

Cooperation \_\_\_\_\_

Teamwork \_\_\_\_\_

Consideration of Others \_\_\_\_\_

Creativity \_\_\_\_\_

Independence \_\_\_\_\_

Intellectual Interests \_\_\_\_\_

**Please respond to the following questions:**

**1. How would you characterize your child's personality, interests, strengths, and weaknesses?**

**2. In what areas would you like to see your child develop?**

**3. What are your educational expectations for your child?**



*Parent Recommendation - Copy 2 (continued)*

4. **What significant issues or challenges has your child faced in his/her life?**
5. **Does your child have any past or present health issues? Please explain.**
6. **Please share details regarding any previous or current testing/ assessments completed for your child. Has he/she been referred, at any time, to a psychologist, psychiatrist, or social worker?**
7. **Does your son or daughter have any special needs for which the school needs to be prepared? Please explain.**
8. **What are your expectations from the school that your child will attend?**
9. **Please share with us anything else that you would like us to know about your child.**

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### Current Teacher Recommendation - Copy 1

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

I/We \_\_\_\_ WAIVE \_\_\_\_ DO NOT WAIVE my/our right to review this recommendation.

Parent/ Guardian's Signature \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_

*The student named above is applying for admission to Metro East Montessori School's Adolescent Program. Thank you for taking the time to complete this evaluation. Your candid responses help us gain a better understanding of the applicant.*

1. Describe the applicant's motivation to learn.
  
  
  
  
  
  
  
  
2. Describe the applicant's academic achievement in relation to ability.
  
  
  
  
  
  
  
  
3. Describe the applicant's emotional maturity in relation to his or her peers.

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## ***Current Teacher Recommendation - Copy 1 (continued)***

- 4. Describe any notable disciplinary issues you have encountered with the applicant in the past two years.**

**Rate this applicant on the following parameters:** *Use a "10" for Outstanding and a "1" for Poor*

Trustworthiness \_\_\_\_\_

Self-Direction \_\_\_\_\_

Cooperation \_\_\_\_\_

Teamwork \_\_\_\_\_

Consideration of Others \_\_\_\_\_

Creativity \_\_\_\_\_

Independence \_\_\_\_\_

Intellectual Interests \_\_\_\_\_

**With Regard to Academic Ability:**

\_\_\_\_\_ Recommend With Enthusiasm    \_\_\_\_\_ Recommended    \_\_\_\_\_ Recommended with Reservation

**With Regard to Character:**

\_\_\_\_\_ Recommend With Enthusiasm    \_\_\_\_\_ Recommended    \_\_\_\_\_ Recommended with Reservation

**Overall Recommendation:**

\_\_\_\_\_ Recommend With Enthusiasm    \_\_\_\_\_ Recommended    \_\_\_\_\_ Recommended with Reservation

**Evaluator's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Current Teacher Recommendation - Copy 2**

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

I/We \_\_\_\_\_ WAIVE \_\_\_\_\_ DO NOT WAIVE my/our right to review this recommendation.

Parent/ Guardian's Signature \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_

*The student named above is applying for admission to Metro East Montessori School's Adolescent Program. Thank you for taking the time to complete this evaluation. Your candid responses help us gain a better understanding of the applicant.*

**1. Describe the applicant's motivation to learn.**

**2. Describe the applicant's academic achievement in relation to ability.**

**3. Describe the applicant's emotional maturity in relation to his or her peers.**

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## ***Current Teacher Recommendation - Copy 2 (continued)***

- 4. Describe any notable disciplinary issues you have encountered with the applicant in the past two years.**

**Rate this applicant on the following parameters:** *Use a "10" for Outstanding and a "1" for Poor*

Trustworthiness \_\_\_\_\_

Self-Direction \_\_\_\_\_

Cooperation \_\_\_\_\_

Teamwork \_\_\_\_\_

Consideration of Others \_\_\_\_\_

Creativity \_\_\_\_\_

Independence \_\_\_\_\_

Intellectual Interests \_\_\_\_\_

**With Regard to Academic Ability:**

\_\_\_\_\_ Recommend With Enthusiasm    \_\_\_\_\_ Recommended    \_\_\_\_\_ Recommended with Reservation

**With Regard to Character:**

\_\_\_\_\_ Recommend With Enthusiasm    \_\_\_\_\_ Recommended    \_\_\_\_\_ Recommended with Reservation

**Overall Recommendation:**

\_\_\_\_\_ Recommend With Enthusiasm    \_\_\_\_\_ Recommended    \_\_\_\_\_ Recommended with Reservation

**Evaluator's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Take this form to your current school's office.**

**Applicant's Name** \_\_\_\_\_

**I/We authorize the release of transcripts of my/our child's academic record to Metro East Montessori School, including: *Grades, Credits Earned, Standardized Test Scores, Attendance, Disciplinary Records, Health Forms, Current IEPs and Evaluations.***

**Parent/ Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/ Guardian's Printed Name** \_\_\_\_\_

**Parent/ Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/ Guardian's Printed Name** \_\_\_\_\_

**INSTRUCTIONS FOR THE REGISTRAR**

Please complete this form and attach an official transcript, including: Standardized test scores, an explanation of the grading system, current IEPs, health forms and a school profile.

All copies should be mailed to: Metro East Montessori School

4405 State Highway 162

Granite City, IL 62040

Attn: Adolescent Program Admissions