



# 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*

## Admission Procedures

Thank you for your interest in applying for admission of your child to Noble World Montessori School. Our admission process serves several important purposes. It allows you, the parent, to become better acquainted with our mission and practices. Likewise, it provides us with the opportunity to learn about your expectations and goals for your child's education. It also gives families who are new to Montessori an excellent introduction to the philosophy and methods of Montessori education in general.

1. **TOUR** – A tour will give you an opportunity to observe our classrooms, see our facility and have questions answered about our program. Please note that tours and observation sessions are for **parents only**. Tours are scheduled by appointment through the Admission Office. As a helpful reference, please review the school literature prior to your visit. We request all prospective parents to meet with our Headmaster or Program Director and take a tour our facility.
2. **APPLICATION** – A completed Application for Admission, a Parent Questionnaire and a non-refundable \$50.00 application fee are required for each family seeking student admission. A completed application for admission may be submitted after you have toured the school. Applications are accepted throughout the year; however, for optimum consideration for the upcoming school year, please submit your child's application no later than March 15th.
3. **TRANSCRIPT/TEACHER RECOMMENDATION** - If applicable, please sign and forward the Authorization for Release of Information Request form to your child's previous school(s). Your child's past two years and current academic records/test scores are required for admission consideration. A NWMS Confidential Evaluation Form, sent from the Admissions Office to your child's present school, must also be received prior to acceptance. This information is necessary to make your child's application complete.
4. **STUDENT INTERVIEW** – Upon receipt of your completed application records and evaluation, the Admissions Office will schedule an interview (intake) for your child with one of our teachers. Students are required to be fully toilet-trained and will be assessed primarily in the areas of academic skills, independence, concentration, language skills, physical development, behavior, and readiness for our program. The interview also determines class placement, familiarizes the child with the school and establishes a mutual understanding of Montessori Education between the family and school.
5. **ADMISSION DECISIONS** – You will be notified of the admission decision as soon as possible by sending an e-mail. Enrollment contracts are offered on a space-available basis.

## Admission Policy

Noble World Montessori School is coeducational and accepts qualified students regardless of race, color, religion, or ethnic origin to all the rights, privileges, programs and activities generally accorded and made available to students at NWMS. Admission decisions are based upon the space available and an evaluation of the suitability of NWMS for each student. Generally, priority consideration for enrollment is given to applicants in the following order: (1) qualified siblings of current NWMS students; (2) qualified students with previous Montessori experience; (3) all other qualified applicants. NWMS seeks to create an optimal developmental environment for all students. The creation of peer groupings is very important; therefore, great care is taken to maintain a balance by gender, age and learning differences and styles in each classroom.

Noble World Montessori School admits students of any race, color, gender, creed or national origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. NWMS does not discriminate on the basis of race, color, gender, disability, creed or national origin in employment or in admission or educational policies.

**"Observation, Discovery, Learning"**



# 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

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

## Application for Enrollment Program applying

Date of desired entry: \_\_\_\_\_

Curriculum:	Infant _____	Half Day (8:30-12) _____	Early Half Day (7 - 12) _____
	Toddler _____	Full Day (8:30-3pm) _____	Early Full Day (7 - 3pm) _____
	Primary _____	Extended Day (8:30-4pm) _____	Full Day- late (8:30- 6pm) _____
	Kindergarten _____	Elementary _____	All Day (7am - 6pm) _____

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: \_\_\_\_\_

Parents/Guardians are: Married Separated Divorced Single Widowed Deceased

Child resides with: Both parents Mother Father Guardian(s)

**"Observation, Discovery, Learning"**

Other adults with whom the child lives (i.e. Stepparents, grandparents, ...)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How often? (daily, weekly, occasionally, etc.) \_\_\_\_\_

**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 # \_\_\_\_\_

Parent Questionnaire

Our foremost goal in the admissions process is to find the right fit between student, family and school. Please answer the following questions to help Noble World Montessori School (NWMS) gain a better sense of: your child as a unique individual; your expectations for your child's education; and the values around which you have built your family.

1. How did you learn about NWMS? \_\_\_\_\_

2. Through what grade level do you plan to have your child attend NWMS (Kindergarten, Grade 1, 2, 3)? \_\_\_\_\_

3. What is it about NWMS that appeal to you? \_\_\_\_\_

4. What did you experience during your tour/observation that makes you think that this would be a good educational environment for your child? \_\_\_\_\_

5. Do you have any knowledge of Montessori education, and if so, from what sources? \_\_\_\_\_

6. How would you describe your child's personality and learning style? \_\_\_\_\_

7. What do you see as your child's greatest strengths? \_\_\_\_\_

8. In what areas would you like to see your child's potential more fully developed? \_\_\_\_\_

9. Has your child had experience being away from you? (Briefly discuss separation.) \_\_\_\_\_

10. Describe your child's previous school experience, if any. Has your child previously attended a Montessori school? If Yes, how long? \_\_\_\_\_

11. Is your child involved in any activities outside of school? \_\_\_\_\_

12. How do you discipline your child? \_\_\_\_\_

13. Does your child have any special learning, behavioral or developmental needs that you are aware of or that have been diagnosed by a professional? (This mandatory information is needed in order to assess proper placement of your child.)

Please check any/all that apply?

- ADD/ADHD
 Asperger Syndrome
 Auditory or visual processing
 Dysgraphia
 Dyslexia
 Oppositional defiance
 Other \_\_\_\_\_

I hereby make application for my child \_\_\_\_\_ for admission to Noble World Montessori School. 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



# 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*

## Authorization for Release of Information

Parents please complete the front of this form and give it to the Principal of your child's current school.

### Parent Waiver:

In order to allow the applicant to be considered for admission to the Noble World Montessori School, I/we authorize the release of my/our child's records as requested by the Noble World Montessori School. I/we release every person and institution from all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to the Noble World Montessori School for that purpose. I/we will not seek access to confidential recommendation and evaluation materials before and/or after the admission decision is made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### School Reference Form:

To The Principal of Current School:

\_\_\_\_\_ has applied for admission to Noble World Montessori

Your child's Name

School. Please send the followings:

- ✓ Current Student Progress Report/Transcript of Academic Record through the most recent marking period.
- ✓ Health and Immunization records,
- ✓ Psychological Reports or Professional Evaluations, and
- ✓ Answer the attached questionnaire on the back of this form.

Please feel free to add anything that will be useful in considering this applicant. The information you give us will be held in confidence. We appreciate your returning this form and the student's records to the following address by \_\_\_\_\_.

Warm Regards,

### **Noble World Montessori School**

2502 East Piedmont Road  
Marietta, Georgia 30062

Phone: 770.509.1775

Fax: 770.509.9388

Email: [nobleworld.info@gmail.com](mailto:nobleworld.info@gmail.com)

Student's Name: \_\_\_\_\_

Present Level/Grade \_\_\_\_\_

1. Does the student have intellectual interests?
  
2. If achievement falls noticeably below ability, can you give any explanation
  
3. Does this student cooperate with adults? \_\_\_\_\_ with fellow students? \_\_\_\_\_
  
4. Are there any personality problems? Explain.
  
  
5. Is there any sort of behavior problem? If so, please explain as fully as possible.
  
  
6. Special Interests:
  
  
  
  
7. Parent relations with the school:
  - a. Indifferent: \_\_\_\_\_
  - b. Often Critical: \_\_\_\_\_
  - c. Sometimes Overly Concerned: \_\_\_\_\_
  - d. Generally Cooperative: \_\_\_\_\_
  - e. Enthusiastic and Supportive: \_\_\_\_\_
  
8. Parent Relations with the child:
  - a. Evidence of pressure, disharmony, or indifference: \_\_\_\_\_
  - b. Seems Normal: \_\_\_\_\_
  - c. Clearly supportive and harmonious: \_\_\_\_\_
  
9. Do the parents cooperate with the school calendar?
  - a. Extended Holidays \_\_\_\_\_
  - b. Responsible about limits of holidays \_\_\_\_\_
  - c. Do they volunteer with special school events, needs, etc. \_\_\_\_\_

Date: \_\_\_\_\_ Signed \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_