



**JT Williams Secondary Montessori
Student Application**

Application Checklist

- ☐ Attended a Williams Walk-Through or Open House event

If not, why?

No, we applied at the end of last school year so no walkthrough or open house was available.

- ☐ Submit an application including:
- ☐ The completed application
 - ☐ Two letters of recommendation
 - ☐ Unofficial transcript or report card from current school

I hereby submit this application for my son/daughter to Williams Secondary Montessori. I understand that should my son/daughter enroll, I will be asked to commit to lending my positive efforts to the program's growth. I must be willing to participate in the Parent-Teacher-Student Organization (PTSO) and willing to participate in other fund-raising efforts. I will commit to meeting the volunteer and service expectations during the school year.

Parent/guardian signature

Date

Parent/guardian signature

Date

If you have any questions, please contact Donna Rice at 980-343-0040. Completed applications can be submitted to Donna Rice at donnag.rice@cms.k12.nc.us or mailed to 2400 Carmine Street, Charlotte, NC 28206.



Application for Admission: Part A

Instructions: Part A of the Application, including the Parent/Guardian Statement should be completed by the parent (s). Part B of the Application, including the essay, should be completed by the applicant. Parts A & B should be returned to Williams Secondary Montessori along with the application checklist.

Student Information:

CMS ID

First Name	Middle Name	Last Name	Current Grade Level
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Home Address	City	State	Zip Code
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Student's Phone	Student's Email
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Date of Birth	Gender
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School History

Current School Name	Phone
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Address	City	State	Zip Code
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Fax	Name of Student's teacher/advisor
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List the names and dates of previous schools your child has attended, back to age 5:

School Name	Dates
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School Name	Dates
-------------	-------

School Name	Dates
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Parent/Guardian Information:

Parent/Guardian One

Relationship to Child

Home Phone

Cell Phone

Parent Email

Occupation and Title

Employer

Parent/Guardian Two

Relationship to Child

Home Phone

Cell Phone

Parent Email

Occupation and Title

Employer

Please list all other children in the family:

Name

Birth Date

Name

Birth Date

Name

Birth Date



PARENT/GUARDIAN STATEMENT

Student Name

You may attach additional pages, as necessary.

Parent completing this form: _____

Please list the dates your child has attended a Montessori school: _____

In what ways do you see Secondary Montessori as a good match for you and your child?

How do you envision your role in your child's education?

What are your child's behavioral, social, and/or cognitive strong points?

What are your child's interests and favorite activities away from school?

Does your child have any allergies or chronic conditions that require medical treatment?
If yes, please describe.



Does your child have limitations in participation in the classroom or physical activities?
If yes, please describe.

In the past two years, has your family experienced any significant changes that may have affected your child? (Examples might include: illness, death, relocation, changes in finances or family composition.) If yes, please explain.

Please describe the regular responsibilities for which your child is accountable for in your household.

What are the key goals you expect your child to achieve between now and age 15?

To what other schools is your child applying?

Why are you looking to change schools for your child at this time?

Describe your child's previous educational experience. What were the positive aspects and what were the challenges?

Has your child ever been accelerated, held back, or asked to leave a school? If yes, please explain.

Has your child undergone any diagnostic or evaluative testing for learning differences or psychological or psychiatric concerns, either in the school or outside the school? If yes, please explain.

Has your child had any academic challenges that required tutoring or remedial assistance?
If yes, please explain. _____

Does your child currently have an IEP or 504 plan? _____

All questions on this application have been answered honestly and completely.

Parent's/Guardian's Signature

Date



Application for Admission: Part B

STUDENT STATEMENT

Student Name _____

Current Grade _____

Instructions: Please complete the following short-answer questions in the space provided, in your own handwriting. The separate essay question at the end may be typed, if you prefer.

Why would you like to attend Secondary Montessori?

Why are you leaving your current school or educational setting?

What type of independent study would you be interested in pursuing? Why would you select this topic? How would you go about studying it?

How would your friends describe you?



Everyone has something special to offer. What will you bring to the school that is special and unique?

Please list your interests and activities in order of importance to you:

What are your experiences outdoors? (Examples: Camping, nature walks, travel, hiking, gardening, etc.)

Student Signature

Date



Student Essay

Please choose one of the following questions to answer on a separate sheet of paper. There is no length requirement, but be sure to answer the question fully. Please do not seek assistance from anyone in writing this essay – we would like to know **your** personal perspective.

1. Write about a time when you challenged yourself; this might or might not have been in school.
2. Do you have a hobby? Tell us about it. Be sure to include information about how you became involved in this hobby and why it interests you.
3. Think about someone you know about: An historical figure, a family member, or a friend. How would you describe this person? Why did you choose to write about him or her? What has this person taught you that you may not have learned otherwise?
4. Think about a favorite place. It could be your room, the woods, at school -- anywhere that is special to you. Write a paragraph that describes the place and tell us why it is special to you.



TEACHER RECOMMENDATION

Student Name

Grade Applying for

Date

The student named above is applying for admission to JT Williams Secondary Montessori in CMS. We appreciate you taking the time to complete this evaluation as your candid responses will help us to gain a better understanding of the applicant.

Parents, please note that this recommendation is confidential and will not be shared with you after being received by JT Williams Secondary Montessori School.

Teacher's Name

Teacher's Email

School Name

School Phone

School Fax

For how long and in what capacity have you known the applicant?

Please comment on the applicants following attributes:

	Outstanding	Excellent	Good	Average	Fair	Poor
N/A						
Trustworthiness						
Cooperation						
Consideration of others						
Independence						
Self-direction						
Teamwork						
Creativity						
Intellectual Interests						

Describe the applicant's academic achievement in relation to ability:



Describe the applicant's emotional maturity in relation to his/her peers:

Describe the applicant's character and sense of responsibility:

Describe any notable disciplinary issues you have encountered with the applicant in the past two years:

Please describe anything else you would like us to know about this applicant:

as the parents' perception of the student matched yours? How did the parents function in the community? _____

- With regard to academic ability:

___ Recommend with enthusiasm ___ Recommended ___ Recommend with reservation

- With regard to character:

___ Recommend with enthusiasm ___ Recommended ___ Recommend with reservation

- Overall recommendation:

___ Recommend with enthusiasm ___ Recommended ___ Recommend with reservation

Signature

Date

Please complete this form, seal it in an envelope with your initials across the seal and return to the student or email form to donnag.rice@cms.k12.nc.us with the student's name in the subject line.



TEACHER RECOMMENDATION

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Grade Applying for

Date

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