



Shrewsbury Montessori School

Growing Bright Minds from Age Three through Grade Six

2021-2022 APPLICATION FOR ELEMENTARY ADMISSION

Student's Full Name: _____ Date of Birth: ___/___/___ Gender: _____

Address: _____ Best Number to Call: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Parent/Guardian 1: _____ Occupation: _____

Parent/Guardian 2: _____ Occupation: _____

Sibling names: _____ Ages: _____

Shrewsbury Campus

- Lower Elementary 1st Year 2nd Year 3rd Year
- Upper Elementary 4th Year 5th Year 6th Year

If you prefer to type your answers, please attach your answers to your application.

Current school or program: _____

Why are you interested in SMS for your child? _____

Has your child attended a Montessori School? If so, where?

What attracts you to the Montessori Method? _____

What other schools you are applying to? _____

Tell us about your child. (Interests, strengths, challenges, etc.) _____

How did you hear about SMS? _____

I have read and understand the application and enrollment procedures at Shrewsbury Montessori School.

Parent/Guardian 1 Signature: _____ Date: ___/___/___

Parent/Guardian 2 Signature: _____ Date: ___/___/___

Shrewsbury Montessori School admits students without regard to race, color, religious affiliation, national origin, ethnicity, sex, or any other characteristic protected by federal, state and local law; including all privileges, programs, and activities generally accorded or made available to students at the school. Shrewsbury Montessori School does not discriminate in violation of any law or statute in the administration of its educational policies, admissions policies, financial program, or school-administered programs.



Submit the \$40.00 Application Fee with PayPal or Credit Card by scanning the QR Code
OR by mailing a check to: Shrewsbury Montessori School ATTN: Admissions
55 Oak Street, Shrewsbury, MA 01545

Office Use Only: ___/___/___ Application Received ___/___/___ Fee Received

Program Applying For: _____



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Please answer the following questions.

Describe your child's current school setting and experience.

Describe your child's learning style. Are there any concerns we should know about your child, including developmental, medical, physical, emotional, educational, or behavioral?

What are the three things you most value about a Montessori education? How would the Montessori philosophy benefit your child?