



CHI Montessori Academy Application Form

Thank you for your interest in CHI Montessori Academy. Please take a moment to complete the information below if you would like to apply for enrollment. A \$100 application fee is required with this form. We look forward to welcoming you to our school!

Child's Name: _____ Date: _____

Please Indicate Enrollment Level: **Infant** (6wk.-18 mos) **Toddler** (18mos.- 36 mos)

Primary (3-6 yrs.) **Upper elementary** : (9-12 years) **Lower elementary** : (6-9 years)

Age _____ Birth Date _____ M/F _____

Parent/Guardian(s): _____

Address: _____

Phone Number: _____ Email: _____

Current School: _____

Please circle the appropriate response: We are considering enrollment for.....

Fall 2025

Winter/Spring 2026

Please answer the following questions:

1. Why are you interested in CHI Montessori for your child?

2. What are your child's strengths and weaknesses as a learner?

3. Please describe your child's social strengths and weaknesses.

4. How did you hear about CHI Montessori Academy? Who may we thank for referring you?

Payment Methods: Zelle- sharon@chimontessori.org or by check

Address: 2295 Benjamin E. Mays Dr. SW Atlanta, Georgia 30311 Phone: 678-515-8368