



CHIARA VALLE ACADEMY

APPLICATION FOR ENROLLMENT

FORMAL APPLICATION

This form should be accompanied by a \$50 application fee. Please make checks payable to Enfield Montessori School.

1. CANDIDATE'S PERSONAL INFORMATION (To be completed by a parent or guardian – please print.)

Name _____
First Middle Last Preferred Name

Home Address _____
Street and Number City State Zip Code

Mailing Address _____
(If different) Street and Number City State Zip Code

Telephone _____ Cell Phone _____ Email Address: _____

Birth _____ / _____ / _____ Male / Female
Date City State or Country

Is the candidate Catholic? Yes No If yes, a member of which Parish? _____

Race/Ethnicity (optional): Native American/Alaskan Asian Black Hispanic
 Native Hawaiian/Pacific Islander White Multi-Racial

Entrance Year: 20 _____ To enter grade: Seventh Eighth Ninth

2. FAMILY INFORMATION (To be completed by a parent or guardian – please print.)

Student lives with: Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian 1

Name Dr. Mr. Ms. Mrs. _____ Male / Female
First Name Last Name

Home Address _____
(If different than candidate's) Street and Number City State Zip Code

Telephone _____ Cell Phone _____ Email Address: _____

Occupation _____
Title Employer Employer's Address

Business Telephone _____ Business Email: _____

Relationship to candidate _____

Parent/Guardian 2

Name Dr. Mr. Ms. Mrs. _____ Male/ Female
First Name Last Name

Home Address _____
(If different than candidate's) Street and Number City State Zip Code

Telephone _____ Cell Phone _____ Email Address: _____

Occupation _____
Title Employer Employer's Address

Business Telephone _____ Business Email: _____

Relationship to candidate _____

3. SCHOOL INFORMATION (To be completed by a parent or guardian – please print.)

Beginning with the school the candidate is currently attending, please list the schools he or she has attended in the last three years.

Present school is *(check all that apply)*: Independent Parochial Public Boarding Day

Name of School From Month/Year to Month/Year

Street Address City State Zip Code

Name of Guidance Counselor School Telephone What grade will the candidate be completing this year?

Previous school is *(check all that apply)*: Independent Parochial Public Boarding Day

Name of School From Month/Year to Month/Year

Street Address City State Zip Code

4. PARENT/GUARDIAN STATEMENT (To be completed by a parent or guardian – please print.)

Please share why you would like the candidate to attend Chiaravalle Academy.

5. STUDENT STATEMENTS (To be completed by the candidate.)

Tell us what you like best about school and why?

What do you find challenging in school and why?

5. TUITION ASSISTANCE (To be completed by parent or guardian – please print.)

Do you wish to apply for tuition assistance? Yes No

If yes, please apply online through our website by March 15th.

6. SIGNATURES (To be completed by parent or guardian.)

Signature of Parent/Guardian 1 _____

Signature of Parent/Guardian 2 _____