



Please complete an enrollment form for each student.

Student Name _____ Nickname _____

Date of birth _____ Grade entering _____ Gender M F

Current School District _____ Current School _____

Students are enrolled at CRS by lottery and waitlist. Please refer to our website: www.crmontessori.org for more information.

Parent/Guardian #1 _____ email _____

Address _____

Phone _____

Parent/Guardian #2 _____ email _____

Address _____

Phone _____

Have you observed in a Montessori Classroom? Y N

Has your child had experience in a Montessori Classroom before? Y N

If yes, at what age(s)? _____ Where did they attend? _____

How did you hear about Community Roots? _____

Describe your child's learning style. Please consider his/her motivation, ability to follow classroom rules, interest in working independently or collaboratively, etc. _____

Are there any special concerns for your child that you feel we should be aware of? _____

Office use:

Date received:

Montessori fosters a child's independence. How do you feel your child would flourish in a structured classroom that needs them to be independent?

How do you feel about your child being in a multi-aged classroom?(1st – 3rd grade or 4th – 6th grade)(Kindergarten not multi-aged).

Please share a quality experience or learning that you hope your child will obtain during their time at Community Roots.

We encourage parent involvement through volunteering up to 30 hours per year. How would you like to contribute to that?

What are your families' passions or skills? _____

The Community Root School's Mission:

Rooted in our local community, we learn in an authentic Montessori environment, growing as conscientious and joyful learners, inspired to lead in the world community.

The Community Roots School values:

1. Healthy living habits
2. Stewardship of the earth
3. Peaceful community dynamics
4. Joy in their learning environment
5. Environments that nurture the child's independence with their work
6. Children as contributing members to our community

I certify that the information provided is true and correct to the best of my knowledge.

Parent/guardian signature

date

Parent/guardian signature

date

**Return to: The Community Roots School • 229 Eureka Ave. • Silverton, OR 97381
Phone: 503.874-4107 • www.crmontessori.org**