

STUDENT INFORMATION SHEET – MONTESSORI PREPRIMARY



For the teacher; please return this information sheet with the Enrollment Form.

PLEASE PRINT

Child's Name _____ Birthdate _____

Parents' Name(s) _____

E-mail (for classroom newsletter/info) _____

Brothers & Sisters:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Will your child use Before School Care? ___ yes, daily ___ yes, occasionally ___ no

Will your child use After School Care? ___ yes, daily ___ yes, occasionally ___ no

Are parents separated or divorced? _____ If yes, who has legal custody? _____

Is this child adopted? _____ If yes, at what age was the child adopted? _____

Names of people who live in the home (if different than above.): _____

Is either parent absent for long periods of time? _____

Is this child cared for by someone other than parents? _____

Does your child have any allergies or sensitivities? ___yes ___no If yes, please describe in detail: _____

Is this child toilet trained? _____ (if partially, please explain) _____

Previous school experience: _____

Has your child ever been recommended for behavioral or academic testing? ___no ___yes If yes, explain: _____

Have you ever visited a Montessori classroom? _____

Are you interested in receiving information about the Montessori philosophy? ___ yes ___ no

Comments on your child (physical or emotional problems, special gifts, etc.) _____

Parent Signature

Date