



STUDENT INFORMATION

Montessori Pre-Primary

PLEASE PRINT

Child's Name _____ Birthdate _____

Parent's Name _____ Phone _____

Address _____ E-mail _____

Brothers & Sisters:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Will your child use Before School Care? _____ yes _____ no

Will your child use After School Care? _____ yes _____ 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? _____

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

Previous school experience _____

Have you ever visited a Montessori classroom? _____

How did you learn about Saint Joseph Academy? _____

Why do you wish to enter your child in a Montessori class? _____

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

Parent Signature

Date