

## Elementary Application

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_

Nickname, if any \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Has your child attended a Montessori Program before? Yes \_\_\_ No \_\_\_

If "yes", where? \_\_\_\_\_

Has your child attended a Public (Charter) School? Yes \_\_\_ No \_\_\_

If "yes", where? \_\_\_\_\_

Last grade level attended \_\_\_\_\_ Last grade level completed and mastered \_\_\_\_\_

Does your child have any special needs? Yes \_\_\_ No \_\_\_

Gifted \_\_\_ Disabilities \_\_\_ Explain \_\_\_\_\_

Is your child at grade level in all core subjects? Yes \_\_\_ No \_\_\_

If "no", explain \_\_\_\_\_

Is your child \_\_\_\_\_ dependent \_\_\_\_\_ independent for his/her age?

How would you describe your child's learning style? \_\_\_\_\_

How does your child interact with his/her peers?  
\_\_\_\_\_

How would you rate your child's activity level?

\_\_\_\_\_ constantly on the go

\_\_\_\_\_ period of activity and repose

\_\_\_\_\_ likes to engage in quiet activities most of the time

Do you plan to send or would you consider sending your child) to MSH past the Lower Elementary level? Yes \_\_\_ No \_\_\_

Is your child currently on a Waiting List at another Private School or Public Charter? \_\_\_\_\_

If so, what school? \_\_\_\_\_

How did you learn of our school? \_\_\_\_\_ Montessori School House student referral

\_\_\_\_\_ Newspaper \_\_\_\_\_ Telephone book

\_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form with a \$20.00 non-refundable Application Fee