



# Application - Personal Information Form

Rev. 01/19/2012

To be completed by School

Starting Date:	
Termination Date:	

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_

Name Used: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Child's Home Telephone Number: \_\_\_\_\_  
 Child's Place of Birth: \_\_\_\_\_  
 City and State (Country): \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_  
 How did you hear about our school? \_\_\_\_\_

### Family:

Parental Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Partner \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address (if different from child's) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Place of Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Pager Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address: (If different from child's) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Place of Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Home Number: \_\_\_\_\_

**If your child gets sick at school please let us know in order of priority who to call first:**

\_\_\_\_\_ **call first** \_\_\_\_\_ **call second**

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### Health Information:

Child's general health:

Does your child have any allergies, which requires medical intervention?

Yes  No

If yes; please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs (diet, learning, challenges, speech delays, behavioral, etc) ?

Yes  No

If yes; please explain: \_\_\_\_\_

\_\_\_\_\_

Please tell us more about your child and family, cultural background, what is important for you, etc.

\_\_\_\_\_

Do you have any specific goals in mind for your child regarding school in the next year?

Yes  No

If yes; please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child currently involved in any formal activities (i.e. music, sports, etc)?

\_\_\_\_\_

What activities does your child enjoy in his/her free time?

\_\_\_\_\_

What people are important in your child's life? What is important for your child?

\_\_\_\_\_

Does your family choose not to celebrate any traditional holidays (Halloween, Christmas, etc)?

Yes  No

If yes; please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any special religion or traditions that your family recognizes and the school should know about?

Yes  No

If yes; please explain: \_\_\_\_\_

\_\_\_\_\_

What form of discipline do you use with your child?

\_\_\_\_\_

What knowledge do you have about the Montessori Philosophy and Method?

\_\_\_\_\_

\_\_\_\_\_