

# DeLor Montessori School

## Student Information

Today's Date \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate \_\_\_\_\_

Date you would like your child to be enrolled? \_\_\_\_\_

School your child presently attends \_\_\_\_\_

Reason for making a change \_\_\_\_\_

Describe your child's general personality \_\_\_\_\_

How do you rate your child's general intelligence ( ) Average ( ) Bright ( ) Gifted

What would you like to see your child get out of his / her school experience?

What is your understanding of the meaning of Montessori Education?

How did you hear about DeLor Montessori School?

Have you been to our school to observe?

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Why have you chosen our school for your child?

Will both parents be able to attend meetings?      ( ) Yes      ( ) No

Do you feel that your child has any physical or emotional needs we should know about?

Does your child have any playmates within your neighborhood?

Does your child nap during the day?

How does your child respond to other children when you are not around?

Father or Guardian: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Others living at Home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____