

ELEMENTARY CHILD HISTORY FORM

Please complete and return this form with your child's application. The information provided will be helpful to the Directress/Director when your child comes for their scheduled visit to the classroom.

Child's Name _____ **Date of Birth** _____

1. What grade will your child be entering in the fall? _____
2. Why are you interested in enrolling your child in our elementary program?

3. Has your child attended a Montessori school previously? If so, when and for how long?

4. Does your child have any allergies or medical condition we need to be aware of?

5. Did your child attend preschool/kindergarten and if so, for how long and where?

6. Any speech, hearing or visual difficulties?

7. Is your child on any regular medication and if so, what?

8. Names and ages of siblings: _____
9. Are parents separated, divorced, remarried, ill or deceased?

10. Please describe your child adjustment to new situations.

11. What are your child's favorite activities at home?

12. How much time does your child spend watching television? What types of programs does your child watch?

13. Are there any activities your child dislikes?

14. When you find it necessary to discipline your child, what is typically the reason? What techniques are implemented?

15. What type of independence does your child display during every day routines?

16. Is your child responsible for any daily chores at home, and if so what are they? Do they receive an allowance?

17. Can your child read and if so, is it at grade level? What types of books?

18. Are you familiar with the Montessori Elementary Curriculum and how it differs from traditional schools?

19. Are there any difficulties for your child in the classroom, e.g. Handwriting, Math, focus, self-regulation, appropriate social behavior (playing fair, cooperative, respectful)?

20. Does your child have any fears? Please explain:

21. What type of after school activities is your child involved in?

22. How did you learn about our school?

Thank you for completing this form. Please return the completed form to the school office.