DONNA
MONTESSORI SCHOOL
WE LOVE WHAT WE DO

APPLICATION FORM

CHILD INFORMATION

- FULL NAME: .....
- NAME USED: .....
- ADDRESS: .....
- GENDER: ..... • BIRTH DATE: .....
- PREVIOUS GROUP DAY CARE OR SCHOOL EXPERIENCE: .....
- LANGUAGES SPOKEN AT HOME: .....
- DATE CHILD IS AVAILABLE TO START: .....

PARENT INFORMATION

- MOTHER S FULL NAME**:** .....
- ADDRESS (IF DIFFERENT FROM CHILD): .....
- HOME PHONE: ..... • MOBILE PHONE: .....
- EMAIL ADDRESS: .....
- FATHER'S FULL NAME: .....
- ADDRESS (IF DIFFERENT FROM CHILD): .....
- HOME PHONE: ..... • MOBILE PHONE: .....
- EMAIL ADDRESS: .....

ADDITIONAL INFORMATION

- WHAT IS YOUR EXPERIENCE WITH MONTESSORI EDUCATION?

- HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY AND LEARNING STYLE?

- IN WHAT AREAS WOULD YOU LIKE TO SEE YOUR CHILD'S POTENTIAL MORE FULLY DEVELOPED?

- DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL, EMOTIONAL, OR PHYSICAL NEEDS THAT WE SHOULD BE AWARE OF?

- SIGNATURE OF PARENT OR GUARDIAN MAKING APPLICATION: .....

- DATE: .....