

**THE MONTESSORI CHILDREN'S SCHOOL
ELEMENTARY STUDENT PERSONAL RECORD**

Student's Name: _____ Nickname (if any): _____

Birth Date: _____ Age: _____ Primary Contact #: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Child resides with Both Parents Mother Father Other (Please specify): _____

Language(s) spoken at home: _____

List any health problems and/or disabilities of those living in the home: _____

Does your child have any fears or problems of which his/her teacher should be aware?

Does your child have any pets at home? No Yes, please list what kind?

What are your child's favorite games and activities?

What do you know about the Montessori method?

What do you expect from a Montessori education for your child?

What is your approach to discipline?

Has your child ever been evaluated, diagnosed or treated for any behavioral, emotional, social, physical or mental disability? No Yes, please explain:

List any serious injuries that your child has had and the age at which it/they occurred?

If you have any additional comments or information to share that might help us to understand your child better, please do so, providing as much detail as possible in describing your child and his/her personality, background, history, etc.
