



# Lagniappe Montessori & Children's Center

## Application for Admission

Program: \_\_\_\_\_ Primary \_\_\_\_\_ Kindergarten \_\_\_\_\_ Elementary \_\_\_\_\_ After School School year: \_\_\_\_\_

Student's full name \_\_\_\_\_

\_\_\_\_\_ male

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_ female

Parents/Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Email Address: \_\_\_\_\_

Home Telephone:	Father's Full Name:
Please list all members of the student's family household:	Street:
Parents:	City/State/Zip:
Other Adults:	Home Phone:
Sibling      Age      Present School	Work Phone:
	Employer:
	Position:
	Colleges Attended/Degrees:
Family Status:	
<input type="checkbox"/> Parents married <input type="checkbox"/> Father deceased	Mother's Full Name:
<input type="checkbox"/> Parents separated <input type="checkbox"/> Mother deceased	Street:
<input type="checkbox"/> Parents divorced <input type="checkbox"/> Father remarried	City/State/Zip:
<input type="checkbox"/> Mother remarried	Home Phone:
Was the student adopted: <input type="checkbox"/> Date:	Work Phone:
Financial responsibility for the student's	Employer:
tuition will be assumed by:	Position:
Address if different from above:	Colleges Attended/Degrees:

Your child's present school/daycare: \_\_\_\_\_ Dates of enrollment \_\_\_\_\_

School's/daycare's address: \_\_\_\_\_ School phone: \_\_\_\_\_

Has your child had any specialized educational tests or evaluations? If so, please list:

Test/Evaluation: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.

\_\_\_\_\_

### Health

Describe your child's general health. \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical limitations or allergies which would limit his/her participation in the full range of school activities? If so, please describe them briefly. \_\_\_\_\_

\_\_\_\_\_

Has your child ever suffered any serious illness, injury, or hospitalization? \_\_\_\_\_

\_\_\_\_\_

Is your child currently receiving any medication? If so, please list. \_\_\_\_\_

\_\_\_\_\_

### Questionnaire

**Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.**

Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

What is it about a Montessori school that appeals to you? Why do you think it would make a good choice for your child?

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Describe your child's previous school/daycare experience.

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Describe the aspects of your child's previous school experience with which you have been most pleased.

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Has your child experienced any difficulties in school/daycare? If so, what support have you or the school/daycare provided?

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What would you most like to see our school accomplish with your child over the next few years?

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How does your child spend hi/her time outside of school? (e.g. sports, hobbies, scouts, classes)

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What are your child's major interests at this time?

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Please describe your child's social relationships with adults and other children.

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