



# Arbor Montessori School

## APPLICATION

2998 LaVista Road \* Decatur, Georgia 30033 \* 404-321-9304

**Elementary**

**2012-2013**

**Deadline: February 15**

Office use only:
_____ age
_____ date rec'd
_____ check #

**Child's Name** \_\_\_\_\_

Birth date \_\_\_\_\_

Name child goes by \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

**Parent 1's Name** (mom/dad/other) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

**Parent 2's Name** (mom/dad/other) \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Child lives with: \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both parents \_\_\_\_\_ Other (please specify)

**APPLYING FOR:**

\_\_\_\_\_ **Lower Elementary:** 1<sup>st</sup> year \_\_\_\_\_ 2<sup>nd</sup> year \_\_\_\_\_ 3<sup>rd</sup> year \_\_\_\_\_

- **Upper Elementary** (not accepting applications for 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> years)

SCHOOLS ATTENDED (begin with most recent)	LOCATION	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Which other schools are you considering?** \_\_\_\_\_

**How did you learn about Arbor?** \_\_\_\_\_

**A non-refundable application fee of \$75 must accompany each application.**  
 Make your check payable to *Arbor Montessori School* and mail with application to address above.  
 If you are interested in financial aid, please call the office for an application. That deadline is also February 15.

## BROTHERS AND SISTERS

Name	Birth date	School now attending	Also applying to Arbor?
Name	Birth date	School now attending	Also applying to Arbor?
Name	Birth date	School now attending	Also applying to Arbor?
Name	Birth date	School now attending	Also applying to Arbor?

**IF PARENTS ARE DIVORCED**, what are the custodial arrangements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER ADULTS** in the household in which the child lives \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER ADULT** who provides care for the child \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
How often (daily, weekly, occasionally, etc.) \_\_\_\_\_

**LANGUAGES** spoken in the home \_\_\_\_\_  
Any other language exposure? \_\_\_\_\_

**GENERAL HEALTH.** Please check all that pertain to your child.

\_\_\_ Allergies      Please note: \_\_\_\_\_  
\_\_\_ Medication      Please list: \_\_\_\_\_

\_\_\_ Asthma      \_\_\_ Ear infections      \_\_\_ Headaches      \_\_\_ Colicky as a baby  
\_\_\_ Seizures      \_\_\_ Convulsions      \_\_\_ Eye problems      \_\_\_ Stomach aches  
\_\_\_ Speech problems      \_\_\_ Motor development problems      \_\_\_ Accident where unconscious

## MILESTONES IN YOUR CHILD'S DEVELOPMENT

At what age did your child first start speaking words? \_\_\_\_\_ sentences? \_\_\_\_\_

At what age did your child start reading? \_\_\_\_\_

**PLEASE CHECK** any of the following that describes your child most of the time:

___ happy	___ introverted	___ extroverted	___ creative
___ dramatic	___ young for age	___ active	___ empathetic
___ daydreams	___ cooperative	___ moody	___ confident
___ cautious	___ cries easily	___ affectionate	___ persevering
___ adventurous	___ patient	___ prefers leading	___ sensitive
___ shy		___ prefers following	

**DESCRIBE** your child's personality or temperament \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL OR PSYCHOLOGICAL EVALUATIONS** that have been completed \_\_\_\_\_

(Please request that copies of the results be forwarded to Arbor.)

**How would you describe your child's learning style?** \_\_\_\_\_

**How much time does your child spend with other children?** \_\_\_\_\_

**Is your child involved in any activities outside of school? Which ones?** \_\_\_\_\_

**Where will your child spend non-school hours?** \_\_\_\_\_

**What activities does your child particularly enjoy?** \_\_\_\_\_

**How does your child handle frustration?** \_\_\_\_\_

**What approach to discipline do you use?** \_\_\_\_\_

**Please list any discipline problems you may be experiencing at this time.** \_\_\_\_\_

**How are you handling the problem?** \_\_\_\_\_

**Has your child been subject to any disciplinary action at his/her current school?** \_\_\_\_\_

**If so, please explain.** \_\_\_\_\_

**What are your educational goals for your child?**

**How do you see Arbor facilitating these goals?**

**What role do you expect to play in facilitating these goals?**

**If accepted at Arbor, do you plan to continue through the Adolescent Program?**

**How do you see yourself participating in the Arbor community as a volunteer?**

**When are you able to attend study groups and parent meetings?**

**Are there any questions that you have about Arbor or a Montessori elementary class?**

\_\_\_\_\_  
Signature of parent or guardian making application

\_\_\_\_\_  
Date

*Arbor Montessori School admits students of any race, color, national or ethnic origin, religion, family structure or sexual orientation to all the rights, privileges, programs, and activities of the school. It does not discriminate on the basis of race, color, national or ethnic origin, religion, family structure or sexual orientation in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

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