

BROTHERS AND SISTERS

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

We cannot guarantee campus placement. However, if you expressed a preference, please explain why.

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 primary 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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