



ARBOR MONTESSORI SCHOOL

Head of School Evaluation Form

To Parent/Legal Guardian: Please deliver this form to your child's Head of School/Administrator along with the release of records form. The evaluator will mail these forms directly to the Admission Office.

My child is applying for admission to Arbor Montessori School. I hereby give permission for you to release the following information concerning my child.

Student's Name _____

Parent's Signature _____ **Date** _____

All information provided on this evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record.

How long has the applicant been enrolled in your school? _____

How long and in what capacity have you known this applicant? _____

To your knowledge, has the applicant had any history of serious conduct problems? Yes No
If yes, please explain:

If the applicant was eligible to continue in your program would he/she be permitted to re-enroll in your school? Yes No
If no, please explain: _____

To your knowledge, is the applicant's record a true indication of his/her ability, or have outside circumstances interfered with academic achievement? Yes No
If no, please explain:

Has the applicant ever been the recipient of a special services program, i.e., speech therapy, learning disability resource center, etc? Yes No
If yes, please explain: _____

Is this applicant in good financial standing with your school? Yes No
If no, please explain: _____

Please describe parental support/involvement:

Additional comments:

Signature of Head of School/Administrator

Print Name

Date