



Arbor Montessori School

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

ELEMENTARY APPLICATION

2009-2010

Deadline: February 15

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

Child's Name _____ Birth date _____

Name child goes by _____ Female Male

Child lives with: mom dad both parents

Parent's Name (mom/dad) _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____ Cell Phone _____

E-mail _____

Employer _____ Position _____

Address _____

Parent's Name(mom/dad) _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____ Cell Phone _____

E-mail _____

Employer _____ Position _____

Address _____

APPLYING FOR:

Lower Elementary: level 1 level 2 level 3

Upper Elementary: level 4 level 5 level 6

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? _____

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 sit up? _____ crawl? _____ walk? _____

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

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? _____

How many hours does your child spend watching television? _____ a day _____ a week

Playing video games? _____ a day _____ a week

On the computer? _____ a day _____ a week

What are your educational goals for your child?

How do you see Arbor facilitating these goals? If accepted at Arbor, do you plan to continue through Middle School?

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

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

Will you be able to attend study groups and parent meetings that are scheduled in the evenings?

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.