

The information contained in this form will be treated confidentially and not disclosed to third party.

General Information about the child:

Name: _____ Date of birth: _____. _____. _____

Address: _____

Application for the school year: _____ / _____ (____. Grade)

Which school(s) has the child attended? Has it Montessori experience?

Siblings (name, age, sex, which kindergarten/school do they attend)

Information about child's development:

- *Willingness and capability to take care of herself/himself and the environment; to be independent and self-motivated learner; to behave friendly and disciplined in a group*

- *Strengths and weaknesses, special needs*

- *Interests (music, sports)*

- *Mother tongue / foreign languages*

- *Family life (parenting style, help in household, day schedule, free time, vacations, parents, other grown-ups, babysitter..)*

- *Dealing with media (books, TV, PC, ...)*

- *Health, eating habits*

Information on parents**Mother's name:** _____

Occupation: _____

Address: _____

Telephone: _____ E-Mail: _____

Interests: _____

Montessori-Knowledge: _____

Father's name: _____

Occupation: _____

Address: _____

Telephone: _____ E-Mail: _____

Interests: _____

Montessori-Knowledge: _____

Why have you chosen a Montessori school

How have you heard of our school? Why have you chosen our school? What do you already know about our school? What are your expectations?

How was the previous kindergarten/school experience?

Why do you want to change the school (if applies)?

What are your expectations on child's development, what are your priorities (freedom, development...)?

____. ____ . 201____

Signature