



Montessori School of Greenville, Inc.
 305 Pelham Road
 Greenville, South Carolina 29615
 Phone: 864-232-3447 Fax: 864-232-1919
 www.montessorigreenville.com E-mail: info@montessorigreenville.com

Office use only	
Start _____	W/L _____
9-12 _____	9-3 _____
Age at start _____	
Date returned _____	
Ck# _____	Amt. _____

Child's full name: _____ Child's Date of Birth: _____

Name to be used at school: _____ gender: (male) ___ (female) ___ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email (please print clearly): _____

Child lives with: both parents ___ mother ___ father ___ other (specify): _____

Is your child adopted? yes ___ no ___ Date of adoption _____ from where? _____

When do you wish your child to begin? Fall ___ Spring ___ year _____ other _____ until what age? _____

Please check preferred program:

Primary Students Ages 3-6 years 9:00 a.m. - 12:00 p.m. _____

Primary Students Ages 3-6 years 9:00 a.m. - 3:00 p.m. _____

Elementary Students Ages 6 years and older 9:00 a.m. - 3:00 p.m. _____

Child's current program: _____ Dates from: _____ to: _____

Person to contact: _____ Phone: _____

Child's previous program: _____ Dates from: _____ to: _____

Person to contact: _____ Phone: _____

Father's name (Dr.) (Mr.) _____ Education: _____

Father's place of employment: _____ Work Phone: _____

Father's position: _____ Cell Phone: _____

Mother's name (Dr.) (Mrs.) (Ms.) _____ Education: _____

Mother's place of employment: _____ Work Phone: _____

Mother's position: _____ Cell Phone: _____

Siblings:

Name: _____ Gender: _____ Birth date: _____ School: _____

Name: _____ Gender: _____ Birth date: _____ School: _____

Please list any siblings or family members that have previously attended Montessori School of Greenville: _____

Mother's primary language: _____ Father's primary language: _____

Language spoken at home: _____ Other language you are teaching your child: _____

Can your child understand English? _____ Can your child speak English? _____

Did either parent attend a Montessori School? yes ___ no ___ If yes, where? _____

Who may we thank for referring you to the Montessori School of Greenville? _____

(next page, please)

Child's Health History:

Please describe your child's health including developmental history: _____

Has your child been seen by a medical professional for anything other than routine physicals: yes: ___ no: ___
If yes, describe: _____

Is your child receiving, or has ever received, outside services (speech therapy, physical therapy, counseling, etc.)?
yes: ___ no: ___ If yes, describe: _____

****A copy of the report for services must accompany this application****

Please list any medications your child takes on a daily basis: _____

Child's Background Information (attach an extra sheet of paper if necessary):

Is your child completely potty trained? yes ___ no ___ Can he/she use the toilet unassisted? yes ___ no ___
Does your child take naps? yes ___ no ___ If yes, how long and at what time of day? _____

Describe your child's greatest strengths: _____

Most children have fears (i.e. dogs, thunder, dark, etc.). What is your child afraid of? _____

Children often misbehave. What does your child do when disobedient? _____

How do you discipline your child? _____

How does your child react to being disciplined? _____

In what areas would you like to see your child's potential more fully developed? _____

Describe your child in ten words or less: _____

Child's Environments:

Home: Adults other than parents regularly in the home:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Play: Playmates: Number: _____ Ages: _____ Child prefers to play: alone: ___ in a group: ___

Favorite Play Activities: _____

How does your child interact with other children and family members? _____

How does your family enjoy spending time together? _____

About the Montessori Method of education:

What do you expect from a Montessori education? _____

Why do you think a Montessori education is right for your child? _____

Have you read about Montessori? yes ___ no ___ If yes, what? _____

Have you observed a Montessori School of Greenville classroom? If so, when? _____

Are there any hobbies, cultural experiences, or outside interests that you would be willing to share with the class?
Please list: _____

Comments: _____

**The application must be filled out in its entirety. Partially filled out applications cannot be considered.
A non-refundable application fee of \$50.00 must accompany this application form.**

I have enclosed with this application a copy of any testing and/or former school records for my child and authorize the Montessori School of Greenville to contact my child's current or previous school. I acknowledge that all statements made are truthful and accurate and hereby apply for the admission of (child's name) _____ to the Montessori School of Greenville, Inc., and agree to abide by all rules and regulations thereof.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Students are selected without regard to race or creed. All information will be treated confidentially. 01/08

Please attach a current photo of your child that the school can keep.

