



## Health History

Please describe your child's health \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Please name allergies \_\_\_\_\_

Has your child been seen by a medical professional for anything other than routine physicals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Is your child receiving, or has your child ever received, outside services (speech therapy, physical therapy, psychological testing, counseling, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Please include a copy of report from the provider.

Please list any medications your child takes on a daily basis \_\_\_\_\_

## General Information

If applicable, what is your current/former school(s)? \_\_\_\_\_

Why do you want to change schools? \_\_\_\_\_

How did you learn about Montessori education? \_\_\_\_\_

Why are you considering the Montessori method for your child's education? \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

Have any family members attended a Montessori school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

I understand that if the classroom directress finds that my child needs to be screened for additional services to improve his academic success, I am obligated to obtain these services or my child may be dismissed. \_\_\_\_\_  
Initial

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 Florence to contact my child's current or previous school. I acknowledge that all statements made are truthful and accurate and hereby apply for admission for (child's name) \_\_\_\_\_ to the Montessori School of Florence 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 is treated confidentially.