

CORNERSTONE MONTESSORI SCHOOL

Student Information Form

_____ School Year

Required for new students only

Child's Name: _____ Date of Birth: _____

Parent 1 Name: _____ Parent 2 Name: _____

Other caregiver(s): _____

Describe the relationship of your child to:

Parent 1 _____

Parent 2 _____

Siblings: _____

The child lives with:

 Both Parents Parent 1 Parent 2 Other Caregivers Joint Custody

1. Who helps with the rearing of your child?

2. Did you or your child experience difficulties during childbirth?

3. List some of your child's favorite toys:

4. Does your child prefer to play alone?

5. How does your child interact with other children?



6. Does your child have many friends?

7. Is your child permitted to participate in household activities, such as dishwashing or clothes-folding?

8. At what age was your child toilet-trained?

9. Does your child have any disability that you know of?

10. Does your child have any allergies, sensitivities or health concerns? Please list.

11. Does your child take any daily medication? Please list

12. Describe your child's general health.

13. Describe your child's eating habits. What foods are typically eaten for breakfast?

14. How much television, videos, video games or computer time does your child experience daily? 0-1 hours 1-3 hours more

15. How frequently do you read to your child?

every night weekends only occasionally never

16. What time does your child; go to bed_____, wake up_____, nap_____?
Does your child rest well at night? Describe any issues.



17. Has your child ever been away from home for any length of time? Please describe.

18. Has your child had previous group experience? Please describe.

19. Describe the methods of discipline used by both parents.

Parent 1: _____

Parent 2: _____

20. How are conflicts with playmates solved at home? Please describe.

21. What is the primary language spoken at home? _____ Secondary? _____

22. Have you noticed anything positive, negative or unusual about your child's hearing, speech, vision or motor skills? Please Explain.

23. Has your child been evaluated and/or tested for any other reasons? Please describe.

24. Is there anything you feel we should know about your child that has not been asked?

This information is accurate to the best of my knowledge.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

