



# Pupil Information Sheet

Student's full name \_\_\_\_\_

\_\_\_\_\_

Date of Birth

Place of Birth

Home Phone

Father's full name \_\_\_\_\_

Mother's full name \_\_\_\_\_

Please list all members of the student's family household:

Parent(s) \_\_\_\_\_

Parent(s) \_\_\_\_\_

Other(s) \_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ Present school \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Present school \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Present school \_\_\_\_\_

\_\_\_\_ Mother or \_\_\_\_ Father's address if different:

\_\_\_\_\_

Street address

City

State

Zip Code

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Colleges attended/degrees \_\_\_\_\_ Colleges attended/degrees \_\_\_\_\_

Your child's present school & dates of enrollment \_\_\_\_\_

Previous school(s) & dates of enrollment \_\_\_\_\_

Will bus transportation be needed? Yes \_\_\_\_\_ No \_\_\_\_\_

How will your child go home on a daily basis? \_\_\_\_\_

How will your child go home on the FIRST day of school? \_\_\_\_\_

Will after school care be needed? Yes \_\_\_\_\_ No \_\_\_\_\_

<p><b>Family Status:</b>  <input type="checkbox"/> Parents married    <input type="checkbox"/> Father deceased  <input type="checkbox"/> Parents separated    <input type="checkbox"/> Mother deceased  <input type="checkbox"/> Parents divorced    <input type="checkbox"/> Student adopted  <input type="checkbox"/> Mother remarried    <input type="checkbox"/> Father remarried</p> <p><b>Custody of Student:</b>  <input type="checkbox"/> Mother    <input type="checkbox"/> Both  <input type="checkbox"/> Father    <input type="checkbox"/> Other - please explain:          _____          _____</p>
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Has your child had any specialized tests or evaluations? If so, please list:

Test/Evaluation	Administered by	Date
_____	_____	_____
_____	_____	_____

Has your child received any specialized tutoring, private treatment or been in any special education programs (Speech, Gifted, SLD, ESOL, AIP, etc.) during the last three years? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

Has your child repeated any grade? \_\_\_\_\_ Grade(s) retained \_\_\_\_\_

Describe your child's general health \_\_\_\_\_

\_\_\_\_\_

Is your child currently receiving any medication? If so, please list: \_\_\_\_\_

Does your child have any physical limitations, known allergies, or suffered from any serious illness or injuries, which would limit his/her participation in the full range of school activities? If so, please describe them briefly: \_\_\_\_\_

\_\_\_\_\_

Our primary goal is to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

1. Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics and values would he/she have developed?

2. What is it about Lakeland Montessori Schoolhouse that appeals to you? Why do you think it would make a good choice for your son/daughter?

3. Describe your child's previous school experience.

4. Has your child experienced any difficulties in school? If so, what support have you or the school provided?

5. Describe the aspects of your child's previous school experience with which you have been most pleased?

6. What would you most like to see our school accomplish with your child over the next few years?

7. How does your child spend his/her time outside of school (e.g. sports, clubs, hobbies, scouts, classes, special activities, etc)?

8. What are your child's major interests at this time?

9. Please describe your child's social relationships with adults and other children.

Application Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

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***For office use only – please do not write below this line.***

Emergency \_\_\_\_ Medical \_\_\_\_ P.E. form \_\_\_\_ Lunch Form \_\_\_\_ Volunteer \_\_\_\_ ESOL \_\_\_\_

School Supply Donation \_\_\_\_ Parent Contract \_\_\_\_ Insurance \_\_\_\_ School Handbook Forms \_\_\_\_

Code of Conduct Forms:

Student Directory Form \_\_\_\_ Network Application \_\_\_\_ Acknowledgement Form \_\_\_\_