



# Meet My Child Form

Student Name \_\_\_\_\_ DoB \_\_\_\_\_  
Nick Name \_\_\_\_\_ Sex \_\_\_\_\_

Parents: \_\_\_\_\_

Best way to contact us: \_\_\_\_\_

Family structure at home (siblings, etc.): \_\_\_\_\_

School currently attending: \_\_\_\_\_ Grade \_\_\_\_\_

Previous schools attended: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

My child has an IEP, 504 or ELL Plan or is in the process of being evaluated for one at this time. **YES NO**  
Circle ONE

What made you decide to send your child to MSC? What, if any, is your prior experience with Montessori Education?

*Would you be interested in attending parent education courses to learn more about Montessori? YES NO*

What is/are your child's greatest strength(s)?

In what ways would you like to see your child develop further?

What specific educational goals do you have for your child?

How do you feel MSC can assist you in meeting these goals for your child?

Please describe your child's play habits, creativity, and degree of self-motivation:

How easily does your child make friends?

Is there any other information you feel would be helpful for your child's teacher?