



**Educational History (Complete this section only if new to school)**

**Previous schools attended:**

<b>Name</b>	<b>Location</b>	<b>Dates attended</b>	<b>Contact person</b>

**Is your child currently receiving any special services that would need to be continued at our school?** \_\_\_\_\_

**Home and Other Information**

*\*The following information regarding the child's home environment will help our school provide the best possible care and education for your child.*

**If there are any adults at home (other than the parents) please list their names, ages, and relationship to child:**

<b>Sibling Name</b>	<b>Age</b>	<b>Sex</b>	<b>School Attending</b>

**Favorite extracurricular activities:**

**Student's predominant characteristics:** \_\_\_\_\_

**Fears and manifestations:** \_\_\_\_\_

**Usual mode of misbehavior:** \_\_\_\_\_

**Type of discipline most frequently used at home, and student's reaction:** \_\_\_\_\_

**How did you hear about Montessori School of Rome:** \_\_\_\_\_

\_\_\_\_\_  
**Signature Parent/Guardian**

\_\_\_\_\_  
**Date**

**\*Application Fee of \$150.00 should be submitted with Application Form**

MONTESSORI SCHOOL OF ROME  
165 DODD BLVD  
ROME, GA 30161  
706-232-7744  
706-234-6282 (FAX)

**Dear parent(s) of applicant – Please sign the form below, and forward to your child’s most recent school.**

I grant permission to the Montessori School of Rome to seek records (transcripts, test profiles, psychological testing, discipline, attendance, and immunization) on my child.

Child’s name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent’s signature: \_\_\_\_\_

**To the guidance counselor or registrar:**

The student named above is applying for admission to our school. Please send his or her records as listed above as soon as possible. Additionally please answer the questions which follow and return this form to our school. If you have any questions, please call Shemi Kumar, owner and directress, at the school.

Has the student named above ever been expelled or suspended? \_\_\_\_\_

Is the student eligible to return to your school? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Form completed by:

\_\_\_\_\_  
Printed name of school representative

\_\_\_\_\_  
School name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School address

\_\_\_\_\_  
Date

\_\_\_\_\_  
School phone number