

# Rancho Viejo Montessori School

29782 Avenida de Las Banderas  
Rancho Santa Margarita, CA 92688  
(949) 459 - 0199  
www.ranchoviejoschool.com

2010 - 2011 School Year

\_\_\_\_\_ Beginners (1½ - 3)  
\_\_\_\_\_ Children's House (3-6)  
\_\_\_\_\_ Elementary (6-12)  
\_\_\_\_\_ Middle School (12-15)

\_\_\_\_\_ Sunrise Club (7 – 8:10 AM)  
\_\_\_\_\_ Sunset Club (until 6:00 PM)

## STUDENT INFORMATION

Name \_\_\_\_\_  
First Middle Last

Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Telephone \_\_\_\_\_

Birthplace \_\_\_\_\_ Native Language \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

E-mail Address \_\_\_\_\_

### Mother /Guardian

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone  
\_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Business Phone  
\_\_\_\_\_  
Cell Phone

### Father /Guardian

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone  
\_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Business Phone  
\_\_\_\_\_  
Cell Phone

### Brothers & Sisters

\_\_\_\_\_  
Name Age  
\_\_\_\_\_  
Name Age  
\_\_\_\_\_  
Name Age  
\_\_\_\_\_  
Name Age

### Grandparents

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

A nonrefundable application fee of \$100.00 must accompany this application.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

QUESTIONNAIRE

What previous school experience or care outside your home has your child had? (List type of school and years attended)

What do you hope your child will gain from a Montessori environment? \_\_\_\_\_

What activities do you like to do as a family? \_\_\_\_\_

How much time do you spend with your child? \_\_\_\_\_

What are your child's favorite play materials? \_\_\_\_\_

Do you regard your child as happy? Affectionate? \_\_\_\_\_

Does your child accept new people easily? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What do you do to enhance your child's feelings of self-worth? \_\_\_\_\_

How would you describe your child's thinking ability? \_\_\_\_\_

What is your child's eating habits? \_\_\_\_\_ Sleeping habits? \_\_\_\_\_

When did your child walk? \_\_\_\_\_ Talk? \_\_\_\_\_ Is your child toilet trained? \_\_\_\_\_

What are your educational goals for this child? \_\_\_\_\_

How do you see Rancho Viejo Montessori School facilitating these goals? \_\_\_\_\_

What role can we expect the parents to play in facilitating these goals? \_\_\_\_\_

Does your child have any hobbies, sports, special interests, or unusual capabilities or talents? \_\_\_\_\_

Does your child have special medical needs or allergies? \_\_\_\_\_

Does your child have any speech/hearing problems or learning differences or disabilities? \_\_\_\_\_

Does your child have any special behavior problems? \_\_\_\_\_

Do you have any comments that will add to our understanding of your child and his/her needs? \_\_\_\_\_

Please give details and attach testing results, evaluations, and recommendations: \_\_\_\_\_

I plan to keep my child in Montessori through: \_\_\_\_\_ Children's House \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School