



Student Application

For GMS Office use	
Tour	_____
Application	_____
Application fee	_____
Questionnaire	_____
Interview	_____
Decision	_____
Start Date	_____

P.O. Box 1510
 Gloucester, Virginia 23061
 (804) 699-3020

_____ / _____ / _____
 Student's Name _____ Gender _____ Date of Birth _____

Toddler House

5 half days
8:30am - Noon

5 full days
8:30am - 3:30pm

Children's House

5 half days
8:15am - Noon

5 full days
8:15am - 3:15pm

Elementary 1st – 6th grade

5 full days
8:15am - 3:15pm

Primary Caregiver's Information:

Name _____

Physical Address _____

Mailing Address _____

Employer _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Primary Caregiver's Information:

Name _____

Address _____

Employer _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Sibling Information:

1. _____ / / _____ Y / N _____ 2. _____ / / _____ Y / N _____
 Name DOB In the home Name DOB In the home

3. _____ / / _____ Y / N _____ 4. _____ / / _____ Y / N _____
 Name DOB In the home Name DOB In the home

How did you hear about Gloucester Montessori School? _____

Why are you considering a Montessori education for your child? _____

How would you describe your child's personality and learning style? _____

What form of discipline is used in your home? _____

What other information can you share that would help us understand your child? _____

GMS depends on our families to volunteer for school-wide functions and various classroom jobs. What skills, interests or expertise might you share with GMS? _____

Upon receipt of your application, your child will be placed in our active applicant pool. We will call your family to schedule a time for your family to come in for an interview.

Signature of parent/guardian

Date

Please submit your \$75.00 new student application fee along with this form. This is a one-time non-refundable fee that does not apply toward your tuition.



CHILDREN'S HOUSE QUESTIONNAIRE

We wish _____ to familiarize ourselves as much as possible with your child in order to better understand their needs. Please fill out the following questionnaire and return it with your child's application. Thank you for taking the time to provide us with this helpful information.

Child's Name _____ Nickname _____

Age _____ Birthdate _____ Place of Birth _____

PHYSICAL DEVELOPMENT

Does your child:

- | | | |
|--------------------------|---|------------------------|
| ___ use writing utensils | ___ go up and down stairs one foot on each step | ___ jump with two feet |
| ___ use a spoon and fork | ___ go up and down stairs two feet on each step | ___ hop on one foot |
| ___ use scissors | ___ catch a bounced ball | ___ run smoothly |
| ___ throw fluidly | ___ draw a person with 2-4 body parts | ___ pedal a tricycle |

HEALTH HISTORY:

Describe with age and severity if your child has had high fevers, convulsions, childhood diseases, accidents, operations, visual problems: _____

Please list any special medical considerations: _____

Allergies: _____

SOCIAL/ENVIRONMENTAL HISTORY:

Who lives at home with your child? _____

Languages other than English spoken in the home: _____

Who has taken care of your child in the past? _____

Who is your child's current caretaker? _____

How does your child react to new situations? _____

What upsets your child? _____

What do you find is the best way to help your child when they are upset? _____

How long can your child engage in independent play? _____

What are your child's favorite toy/activities/interests? _____

What activities do you enjoy as a family? _____

What discipline techniques do you use to guide your child? _____

Does your child have behaviors that are of concern to you? _____

DAILY ROUTINE:

What time does your child wake? _____

What time does your child go to bed? _____

Does your child sleep in his/her own room? _____ own bed? _____

Does your child use a pacifier, bottle or nurse to go to sleep? _____

Does your child walk, talk, or cry out at night? _____

Does your child take a nap (length and time) _____

How much TV or other screen time does your child watch per day? _____

CAREGIVERS' DESCRIPTIONS OF THEIR CHILD:

_____ says,

" _____

_____."

_____ says,

" _____

_____."

Thank you for helping us get to know your child better.