

Teton View Montessori
Elementary Student Questionnaire

Child's Name:	Date of Birth: Gender:
Parent Name:	Phone Number:
Parent Name:	Phone Number:
List any allergies your child has:	
Does your child have any health issues or limitations we should be aware of?	
What language is primarily spoken in your home?	
Are there any family changes that could affect your child?	
Any siblings at home? If so, how old?	
How do you discipline?	
Has your child ever attended school before? If so where and for how long?	
What was his/her experience in school in the past?	
Do you or your child have any concerns about school?	

How does your child learn best? What type of learner do you think he/she is?	
Would you say your child loves learning?	
What words come to mind when you describe your child?	
What are your child's favorite games and activities at home?	
What are your child's interests?	
List approved persons to pick up your child:	
List 2 emergency contacts with phone numbers they can be reached at:	
Name:	Phone:
Name:	Phone:
Parent signature:	Date:
Parent signature:	Date:

