

**ALBEMARLE MONTESSORI
CHILDREN'S COMMUNITY**

**SUPPLEMENTAL APPLICATION FOR
PRIMARY & PRE-PRIMARY**



Child's Name: _____

DOB: _____

How much time does the child regularly spend away from the parents? (i.e. babysitter, grandparents, etc.)

Please comment on the independence of your child:

+ Self-dressing: _____

+ Chores/tidying up: _____

+ Toilet training: _____

How does your child react to transitions?

What are some of your child's key personality traits? (i.e. shy/outgoing, quiet/rambunctious, etc.)

Are there any areas that your child excels in? Are there any areas that are a challenge or in need of support?

Has your child had any major life events in his/her life? (e.g. major surgery, moving, personal loss)

How long do you anticipate your child to be staying with our school? (i.e. through kindergarten, into elementary)
