

Please list any schools your child may have attended:

| School | Address | Dates Attended |
|--------|---------|----------------|
| | | |

If your child has not attended school, what kind of care has your child received outside your home (daycare, playgroups, grandparents, etc.)?

Has your child undergone an educational or psychological evaluation by either a school system or a private specialist: _____ Yes ___ No. If so, please explain and attach a copy of the report to this application.

Does your child have any special medical needs or allergies? If so, please specify.

Have there been any unusual occurrences in your child's life (death in the family, extended hospitalization, moving, divorce, etc.)? Please include dates.

Please list some of your child's special interests:

If your child is entering the 3-6 year old program, please specify if he/she is toilet trained? _____
Partially _____ Completely _____

Please state briefly why you would like your child to attend GMS.

Do you have any comments that you feel may add to our understanding of your child and his/her needs?

I learned of Glebe Montessori School through: Friend _____ Advertisement _____ Other _____

How long do you plan to keep your child in Montessori?

I/We enclose a cheque for the non-refundable amount of \$150.00 (new students) or \$100.00 (returning students) payable to Glebe Montessori School to cover the expenses of registration and will submit cheques for the annual tuition as specified in the terms of payment of fees following acceptance of my/our child at GMS.

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Date