

Alsion Montessori School
P.O. Box 3296 • 750 Witherly Lane, Fremont, CA 94539

Parent Questionnaire Required for Admissions

Student's Name: _____ Date of Birth _____

Father's Occupation

Father's Employer

Mother's Occupation

Mother's Employer

Name of Student's Current School: _____ City: _____

Current School Grade: ____ If attended Montessori, where and when: _____

How did you learn about Alsion Montessori School? _____

Student lives with (circle only one): Both Parents | Mother | Father | Other _____
Please specify if Other

Birth order (Circle only one): Oldest | Youngest | Middle | Only

Ages and gender of siblings: Girls: _____ Boys: _____

Who else lives in the same household other than parent(s) and siblings? _____

Main activities outside of school: _____

What activity consumes most of student's after school/ week-end time? _____

During the summer months? _____

What are this student's greatest strengths? _____

Please answer questions on reverse side of this application

Alsion Montessori School Parent Questionnaire

Which areas does this student require greatest support? _____

Alsion Montessori is a three-year program. Are you planning to stay through 9th grade? _____

What do you expect for your child to achieve upon completion of our Middle School program?

Are you interested in our Early College program for your student? _____

Has this student ever been evaluated for learning or emotional difficulties?

Is there any medical condition that would limit or restrict this student's participation in strenuous physical activity?

Does this student have a medical condition we should be aware of, such as allergies, asthma, epilepsy?

Is there anything else we should know about your student?

Signature of parent completing this application

Date