



**About Your Child:**

Please list any medical conditions, including allergies, of which the school should be aware:

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Does your child have any previous experience in a Montessori classroom? How long has he/she been homeschooled?

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Please describe your child's educational experience thus far. What has been successful? What has been challenging?

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Does your child have any special challenges (educational, medical, or psychological) that may affect his/her school experience? If so, please describe them here or request a meeting with the Education Director.

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