

Bozeman Summit School

Excellence in Montessori Education

ENROLLMENT QUESTIONNAIRE

Please take a few minutes to answer these questions and then return this form with your completed Registration Application and non-refundable \$75 application fee at least two days prior to your child's scheduled shadow or teacher visit day.

Name of Student _____ Date _____

Applying for: *(please circle appropriate level)* Early Childhood Lower El: I II III Upper El: IV V VI

What kind of person is your child? Please describe him/her: _____

What interests your child? What kinds of things and/or activities draw your child's attention? _____

What are you looking for in a school for your child? What do you want your child to become and come away with as a result of his/her school experience? _____

Why are you attracted to Montessori Education for your child? _____

What questions do you have about Montessori Education? _____

What are your plans for your child's education over the next 15 years? Kindergarten (if applicable)? Elementary School? Middle School? High School? _____

What was your school experience like when you were your child's age? And later, when you were older? _____

(OVER)

How would you describe the best teacher you ever had as a child? What were they like? What made them memorable and special for you? _____

What was the best experience you ever had in school as a child? _____

What questions do you have about our school? _____
