



# Marlboro Montessori Academy

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## STUDENT QUESTIONNAIRE

CHILD'S FULL NAME \_\_\_\_\_

AGE OF CHILD: YEARS \_\_\_\_\_ MO \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

FATHER'S PLACE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ CELL#: \_\_\_\_\_ Carrier: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S PLACE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ CELL#: \_\_\_\_\_ Carrier: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME AND AGE OF SIBLINGS: \_\_\_\_\_

MATERNAL GRANDPARENTS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PATERNAL GRANDPARENTS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DO YOU HAVE ANY PETS? \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

HOLIDAY OBSERVANCES / CELEBRATIONS \_\_\_\_\_

INTERESTS AND HOBBIES \_\_\_\_\_

LANGUAGE(S) SPOKEN AT HOME \_\_\_\_\_

AFTER SCHOOL PROGRAMS \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS, PHYSICAL OR EMOTIONAL DISABILITIES OR  
POSSIBLE LEARNING DIFFICULTIES YOUR CHILD MAY HAVE:

\_\_\_\_\_  
\_\_\_\_\_

FEARS OR PHOBIAS: \_\_\_\_\_

\_\_\_\_\_

BEDTIME \_\_\_\_\_

NAME AND ADDRESS OF PRIOR SCHOOL EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE MARLBORO MONTESSORI ACADEMY?

\_\_\_\_\_

GOALS FOR YOUR CHILD \_\_\_\_\_

\_\_\_\_\_

INFORMATION YOU FEEL THE ACADEMY SHOULD KNOW \_\_\_\_\_

\_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_