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www.smallerscholars.com

Teaching a Lifelong Love of Learning...

APPLICATION FORM									
Today's Date				Preferred Start Date					
Today 3 Date			(depending on availability)						
			Program (cir	cle one) Fu	ıll Day (6:45-6	6:30) E:	xtended Day	(8:00-3:00)	
Student's First Name Student's Middle Nam									
Student's Preferred Name (nickname)				Grade on Sept 1			Age on Sept 1		
Student's Current School			School City & State						
Full Name of Mother			Full Name of Father						
Address	City, State	Zip Code	Address			City, Sta	te	Zip Code	
Mother's Email Address			Father's Email Address						
Mother's Employer			Father's Employer						
Mother's Daytime Phone Numb	Father's Daytime Phone Number work/cell/home (circle one)								
Does the student currently have a sibling at any Smaller Scholars?			Has the child attended a Montessori school before?						
Smaller Scholars Montessori Acad regard to race, color, national original parent Signature	jin, religion, gender, or (disability.							
Office Use Only	Complete Terri		Date	Chatas	Accomtad		D-#-		
App. Fee Amt		/iew	Date Date	_ Status	Accepted Declined		Date		
Ck #		ol Records	Date	_	Wait List _		Date		
CK "		h Records	Date	_	Truit LISt		Date		
	Teach	ner Form	Date	_					

STUDENT INFORMATION

Has the student ever skipped or repeat a grade? If yes, please explain.							
Has the student ever been expelled or asked to leave a school? If yes, please explain.							
Has the student ever been homeschooled? If yes, how long and what program was used?							
Has the student ever been identified as being "gifted and talented", having a high IQ or accepted to a Vanguard program?							
Are there any special circumstances we should know about your child's educational history?							
Has your child been diagnosed with any disorder or impairment that may require special attention or classroom modifications such as any							
learning disorder, anxiety, depression, ADHD, Asperger's Syndrome etc. Please be forthright. This information is needed to assess how to best							
meet your child's needs. (If your child is accepted we will need documentation as to when and how the diagnosis was made.)							
Is your child currently receiving treatment for any diagnosis listed above	ve? If yes, please explain.						
In the past, has your child ever received classroom modification to help him/her be more successful? If yes, please explain.							
Have any of your child's previous teachers mentioned any extraordinary <u>talents</u> or <u>concerns</u> they may have about your child?							
717	Trip.						
What are your child's strengths?	What are your child's weaknesses?						
What concerns do you have about your child's education?							
What goals do you have for your child?							
What goals do you have for your child.							