



# SILVER BOW MONTESSORI SCHOOL

1800 SUNSET ROAD, BUTTE, MT 59701

T: 406-494-1033

OFFICE@SILVERBOWMONTESSORI.ORG

**Application for:**      **Elementary I (first through third grades)**  
                                  **Elementary II (fourth through sixth grades)**

---

---

## STUDENT INFORMATION

---

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Nickname

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Date

Male

Female

\_\_\_\_\_  
Age

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
E-mail address

---

## FAMILY HISTORY

---

\_\_\_\_\_  
Mother's name

\_\_\_\_\_  
Mother's work number

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Father's work number

Students lives with:  Both Parents     Mother     Father     Other: \_\_\_\_\_

Students parents are:  Married     Separated     Divorced     Remarried

\_\_\_\_\_  
Sibling information (please list the names and ages of any siblings)

\_\_\_\_\_  
Name(s) of adult(s) responsible for tuition payments



# SILVER BOW MONTESSORI SCHOOL

1800 SUNSET ROAD, BUTTE, MT 59701

T: 406-494-1033

OFFICE@SILVERBOWMONTESSORI.ORG

## **MEDICAL HISTORY**

---

Any allergies (please list) \_\_\_\_\_

Long term medications (please list) \_\_\_\_\_

Pre-existing medical conditions/illness, such as diabetes, asthma, Hepatitis B, ADD, ADHD? Please specify. \_\_\_\_\_

Has this student been seen by a medical specialist? Please specify. \_\_\_\_\_

Does your child have any special physical, cognitive or emotional needs? Please specify. \_\_\_\_\_

## **EDUCATIONAL BACKGROUND:**

---

Student's current grade level \_\_\_\_\_

Student's current school \_\_\_\_\_

Reason for leaving current school \_\_\_\_\_

Has this student ever been referred to anyone for academic evaluation or special testing? If so, please describe. \_\_\_\_\_

Why do you want your child to attend Silver Bow Montessori School? \_\_\_\_\_

I understand that my attendance at parent meetings, class meetings and parent conferences is an important factor in my child's development within the SBM program. I will make every effort to attend. \_\_\_\_\_ (Initial)

Desired start date: \_\_\_\_\_

**I am applying for admission of the above-named child to Silver Bow Montessori School. I affirm that the above information is true and correct.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**Silver Bow Montessori School admits students of any race, color and national ethnic origin.**



1800 SUNSET ROAD, BUTTE, MT 59701

T: 406-494-1033

OFFICE@SILVERBOWMONTESSORI.ORG

## **Parent / Guardian Questionnaire**

Child's name \_\_\_\_\_

*The following information will enable us to get to know you and your child better. If you need additional space to answer a question, please attach a separate or continue on the back. This information will be kept strictly confidential.*

*Please complete all applicable questions on this form. Thank you for your input.*

1. What are your educational goals for this child? How do you see Montessori Elementary School facilitating these goals?

---

---

---

---

2. What is your awareness of the Montessori philosophy? Is it based on personal experiences, readings or both?

---

---

---

---

3. What role can we expect you, as the child's parent(s)/guardian(s), to play in facilitating this child's educational goals?

---

---

---

---

4. Does the child have any hobbies, sports, special interests, or unusual capabilities or talents?

---

---

---



# SILVER BOW MONTESSORI SCHOOL

1800 SUNSET ROAD, BUTTE, MT 59701

T: 406-494-1033

OFFICE@SILVERBOWMONTESSORI.ORG

5. What do you see as your child's greatest strengths?

---

---

---

6. How do you see this child in his/her social/emotional development?

---

---

---

7. Is the child multilingual? Please explain the ethnic/cultural origin of the language(s).

---

---

---

8. This school is supported significantly by voluntary and cooperative efforts of the parents. If your time permits, are there any talents, interests and/or resources that you could share to enhance the Elementary program?

---

---

---

---

9. Is this child's general development and academic performance in his/her present school consistent with your expectations for him/her? Describe.

---

---

---

*Questions 10-17 will help us to better meet the individual needs of your child. Please provide answers to all of these questions.*

10. Please list all schools your child has attended in the past, along with the child's grade level during attendance, and age in that grade.

School	Grade	Age
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>



# SILVER BOW MONTESSORI SCHOOL

1800 SUNSET ROAD, BUTTE, MT 59701

T: 406-494-1033

OFFICE@SILVERBOWMONTESSORI.ORG

11. Does your child have any physical disabilities, chronic illness(es), or allergies? Please describe and note circumstances, instances, treatments and contraindications about which the child's educator or caregiver must be cognizant. Attach physician's instructions.

---

---

12. Is prescription medication required for your child on a daily basis? Please describe and note circumstances, instances, treatments and contraindications about which the child's educator or caregiver must be cognizant. Attach physician's instructions.

---

---

13. Have any diagnostic evaluations (physical, educational or psychological) ever been conducted for the child? Please provide reasons for the evaluations. Please request that a copy of educational testing or evaluations be sent to us.

---

---

14. Has an Individual Education Plan ever been conducted for your child? Please attach test results, recommendations and current education plan.

---

---

15. Would the child require any special-need services, such as Speech, Hearing, Physical Therapy, others?

---

---

16. Are you aware of any areas in which we might be able to provide special help and encouragement to the child?

---

---

*Signature of parent(s)/guardian(s):*

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date