

**KNOXVILLE MONTESSORI SCHOOL**

4311 Kingston Pike • Knoxville, Tennessee 37919 • (865) 525-6042

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**PRIMARY APPLICATION FOR ADMISSION**

*To schedule an interview for your child, please fill out this form and return it to KMS.*

Child's Name \_\_\_\_\_ Goes By \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Other Primary Caregiver** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Caregiver's Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

1. With whom does your child live? \_\_\_\_\_

2. Previous educational or child-care setting \_\_\_\_\_

\_\_\_\_\_

3. Names & ages of siblings \_\_\_\_\_

\_\_\_\_\_

4. How did you learn about KMS? \_\_\_\_\_

5. How many hours do you interact with your child each day? \_\_\_\_\_

\_\_\_\_\_

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**KMS staff only** – Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of parent visit: \_\_\_\_\_ Date of child interview: \_\_\_\_\_

6. What types of things do you do together? \_\_\_\_\_

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

7. How often do you or your spouse/partner read to your child? \_\_\_\_\_

\_\_\_\_\_

8. How often does your child watch television and for how long? \_\_\_\_\_

\_\_\_\_\_

9. Are there any television programs that your child is restricted from watching? If so, what are they? \_\_\_\_\_

\_\_\_\_\_

10. Please indicate the extent to which your child demonstrates the following behaviors.

	Usually	Sometimes	Never
• Dresses self			
• Chooses clothes			
• Feeds self			
• Uses bathroom by self			
• Sucks thumb, fingers, blanket			
• Has difficulty settling at bedtime • <i>Time Child goes to bed</i> _____			
• Picks up room			
• Makes bed			
• Helps clear table after meals			
• Follows directions first or second time			
• Able to listen to story			
• Plays happily by self			
• Likes to color or draw			
• Able to use scissors			
• Able to write name			
• Finishes what s/he starts			
• Puts things away when done			
• Asks for what s/he wants in complete sentences			
• Has an acceptable way to get your attention <i>Which is:</i>			

• Does not interrupt when you are on phone			
• Separates from you easily			
• Adapts well to change			

11. Are there other activities that your child enjoys to do that aren't listed above? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What are your child's strongest aptitudes and unique abilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What are your child's areas of greatest need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Why are you interested in a Montessori education for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. How does KMS fit into your plans for your child's education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Is there any additional information you would like to provide about your child? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**