



1895 Lakeside Dr. • Bullhead City, AZ 86442

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Elementary Application

Name of Child _____ Sex _____
Nickname, if any _____ Date of Birth _____
Home Address _____ Phone _____

Father's Name _____ Mother's Name _____
Employer _____ Employer _____
Address _____ Address _____
Phone _____ Phone _____

Names and ages of siblings _____

Has your child attended a Montessori Program before? Yes _____ No _____
If "yes", where? _____

Has your child attended a Public School? Yes _____ No _____
If "yes", where? _____

Last grade level attended _____ Last grade level completed and mastered _____

Does your child have any special needs? Yes _____ No _____
Gifted _____ Disabilities _____ Explain _____

Is your child at grade level in all core subjects? Yes _____ No _____
If "no", explain _____

Is your child _____ dependent _____ independent for his/her age?

How would you describe your child's learning style?

How does your child interact with his/her peers?

How would you rate your child's activity level?

_____ constantly on the go
_____ period of activity and repose
_____ likes to engage in quiet activities most of the time

Do you plan to send (or would you consider sending your child) to MSH past the Lower Elementary level?
_____ Yes _____ Maybe _____ No

Is your child currently on a Waiting List at another Private or Charter School? _____
If so, what school? _____

How did you learn of our school? _____ Montessori School House student referral
_____ Newspaper _____ Telephone book _____ Internet _____ Other _____

Signature _____

Date _____

Please submit this form with a \$20.00 non-refundable Application Fee