



The Montessori School of Pullman

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pullmanmontessori.org
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Student Information Sheet

First Name: _____ Last Name: _____ Birthday: _____

Gender: _____ Name to be used at school: _____

With whom does your child live? _____

Siblings names and ages: _____

Languages Spoken: _____

We pride ourselves on celebrating cultural diversity and love to know the culture of our families. Please share your information below.

Cultural Heritage (optional): _____

Cultures/Holidays you might be interested in sharing with our school: _____

Help me know your child better:

Has your child attended childcare or preschool? Tell me about it:

What would you like me to know about your child?

Are there any medical concerns that I should know about? (allergies, etc.)

Are there any behavior concerns that I should know about?

Are there any learning concerns that I should know about?

What goals do you have for your child this school year? (academic, emotional, etc.)

For all day students, does your child need a nap? **Yes** **No**

Please give details – normal duration, time, routine, etc. _____

Describe your child in a few words: _____