Middle School Intake Form

Hudson Country Montessori School
44A Shelter Rock Road, Danbury CT 06810
Phone: (203) 744-8088 / Fax: (203) 748-3403

Child’s Name ______________________________________ Date of Birth____________________

Education
Name and address of other schools, if any, in the past five years:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Applicant Information
Sports: ___________________ Years Involved: __________________ Honors/Awards__________
Arts: ___________________ Years Involved: __________________ Honors/Awards__________
Extra Curricular: ___________________ Years Involved: ____________Honors/Awards_________

Please describe a community service project or volunteer work of which you are particularly proud:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

How would your friends describe your greatest strength?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

How would your friends describe your greatest struggles?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What adjectives would you use to describe your family?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What is your favorite subject and why?____________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What is your least favorite and why? _____________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Child’s Name ______________________________________

Describe a day in your life that was particularly happy and tell why it was so important:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Has your child recently experienced, or is your child about to experience a major change (other than school)? For example:

- Birth of a sibling? Yes  No
- Death of someone close? Yes  No
- Move to a new home? Yes  No
- Separation or divorce? Yes  No
- New pet or loss of pet? Yes  No

If yes, please explain _________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Personal Information**

What is your child’s primary language? _______________________________________
Second language? _____________________________________________________________
Do you have any concerns about your child’s language development? _______________
_______________________________________________________________________

Does your child eat breakfast? Yes  No
Is he/she a good eater? Yes  No
Favorite foods _________________________________________________________________
Foods refused _________________________________________________________________

What discipline methods are used at home?

- Talk to the child about what is unacceptable and what needs to be done.
- Say “NO”
- Spank
- “Time Out” for _______ time/minutes

Signature of Candidate ________________________________ Date ______________________

Signature of Parent ________________________________ Date ______________________