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NEW STUDENT QUESTIONNAIRE

Dear New RSMA Family,

Please take a few moments to answer the questions below. This information will help us get to know your child better. If you need more space, please use the back of this form or attach an additional piece of paper. Thank you!

Today's Date _____

Child's Name _____ **Date of Birth** _____ / _____ / _____ **Current Age** _____
(as you want him/her to be called) MM DD YYYY

1. Please list the names and ages of your child's brothers and sisters, if any _____

2. Has your child previously attended preschool or any play-groups? If so, please provide the name of the program and years attended _____

3. Does your child have any special interest(s)? _____

4. Is your child afraid of anything? If so, please explain _____

5. What habits does your child show when scared, worried, shy or sick? (i.e. thumb sucking, crying, clinging, quiet, etc.) _____

6. List the ways your child likes to be comforted _____

7. Does your child display any sensitivity in the following areas? Auditory, touch, light, etc. _____

8. List your child's pets, special friends or relatives, and imaginary friends _____

9. What responsibilities does your child have at home? _____
-
10. Any particular emotional or physical difficulties with your child during:
- ☐ Infancy ☐ Toddlerhood ☐ Preschool ☐ School-Age
- (Please identify) _____
-
- Was your child pre-term? _____ Any pregnancy or delivery issues? _____
- If so, how early? _____
- Weaned from breast/bottle/pacifier? _____ Age weaned _____
11. Any medical needs or medicine that we need to know about school? (RSMA Authorization Form to administer any medication must be completed) _____
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12. What form of guidance and discipline do you use at home? (Please check all that apply)
- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Rewarding | <input type="checkbox"/> Praising | <input type="checkbox"/> Offering choices |
| <input type="checkbox"/> Ignoring | <input type="checkbox"/> Reasoning | <input type="checkbox"/> Comparing unfavorably to others |
| <input type="checkbox"/> Spanking | <input type="checkbox"/> Isolating | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Demonstrating | <input type="checkbox"/> Scolding | <input type="checkbox"/> Depriving of pleasures |
| <input type="checkbox"/> Coaxing | <input type="checkbox"/> Diverting | <input type="checkbox"/> Preparing child in advance |
| <input type="checkbox"/> Speaking firmly | <input type="checkbox"/> Bribing | <input type="checkbox"/> Other _____ |
13. What are the eating habits of your child? (i.e. amounts, time, likes, dislikes, etc.) _____
-
14. What religious customs or holidays are observed by your family that needs to be known by the teacher? _____
-
15. How would you generally describe your child? _____
-
16. What are your expectations for this program? What specific things would you like to see happen this school year? _____
-
17. Is there anything else you would like to tell us? _____
-

We look forward to getting to know you and your child. Thank you for sharing!