



Growing Light Montessori Schools
www.growinglight.net

Parent Questionnaire

Date of Application _____

Student's Full Name _____
Last First Middle

Parent's Name _____

Present Home Address _____

Relationship to Student _____

Please complete the following questions on a separate sheet. Answers may be handwritten or typed.

1. Please comment on the applicant's home life, including relationship with parents, siblings, or other members of the household.
2. What are the applicant's strengths and weaknesses?
3. What do you hope Growing Light will provide that will be different and the same from the applicant's present or former school?
4. What is your hope Growing Light Montessori School will provide for your family?
5. What is your definition of community?
6. What, in your opinion, is the greatest gift a community gives to a child?
7. What is your child's previous school, babysitting, or day care experience?
8. Would you like your child to continue at GLMS through Kindergarten or 1st Grade?
9. **OPTIONAL:** Please describe any special circumstances that have affected your child's performance in school (illness, learning differences or disabilities, personal challenges, moves or family circumstances).

Growing Light Montessori School
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