



## Interview Form

*Thank you for your interest in The Duluth Montessori School. Please take a few minutes to complete this form and return it to the office prior to your interview.*

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Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

What other schools are you considering? \_\_\_\_\_

Is your child is currently attending another school or day care?  Yes  No

Name of school: \_\_\_\_\_

The number of years attended: \_\_\_\_\_ Is the school AMI accredited?  Yes  No

How did you learn about Montessori? What Montessori books have you read?

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Why do you feel Montessori education is right for your family?

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Why do you feel The Duluth Montessori School's program is right for you?

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How long do you anticipate your child attending our school? \_\_\_\_\_

Will you require Extended Care?  Yes  No

What questions do you have about a Montessori classroom?

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