



**Ruffing  
Montessori School**  
*Engage. Emerge. Learn for life.*

## Middle School New Student Questionnaire

*Please have the student applicant answer the questions below  
in their own handwriting.*

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Name

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Date of Birth (Month/Day/Year)

Age

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School Currently Attending

Grade

Briefly describe the members of your family. What do you like to do together?

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What talents or interests do you have? How do you pursue them?

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Do you belong to any groups or organizations in or out of school? In what ways have you been an active member?

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What do you like best about your present school?

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What book have you read recently that you particularly enjoyed? What did you find special about it?

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Why would you like to attend Ruffing Montessori School?

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**Student Signature**

**Date**