

\$50 non-refundable application fee is due with this application.



Central Montessori Academy™
EXPERIENCE • LEARN • LIVE

Central Montessori Academy
1904 Springdale Rd.
Cincinnati, OH 45231 (513) 742-5800

Application for grade level: _____ **Request for School Year:** _____ - _____

Check all that apply:

___ School Day Hours (8:30 – 4:00pm)

___ Before Care (7:00 – 8:30am)

___ After Care (4:00 – 6:00pm)

If toddler or pre-primary check one:

___ Pre-Primary Half –Day (8:30 – 1:00pm)

___ Pre-Primary/ Toddler Full- Day (8:30 – 4:00pm)

If choosing the Part Time Program, the minimum for pre-primary is 3 half days (Tuesday, Wednesday, Thursday) and the minimum for Toddler is 4 full days.

Identify which days student will attend: _____

Student's full name: _____

(As it should appear on school records)

Male: _____ Female: _____

Date of Birth: _____ Home Telephone: _____

Place of Birth: _____

Correspondence should be sent to:

Email: _____

Name: _____

Address: _____

Street

City

State

Zip

We would appreciate a recent photograph of your son or daughter if you have one available.

Who does the child reside with? What is their relationship (i.e. parent, grandparent, etc) to the child?

Student's Brother(s) and Sister(s):

Name Age School

Name Age School

Name Age School

Name Age School

Parent's Name: _____

Parent's Name: _____

Street

Street

City State Zip

City State Zip

Employer

Employer

Occupation

Occupation

Cell Phone Work Phone

Cell Phone Work Phone

Email

Email

Financial responsibility for the student's tuition will be assumed by: _____

Grandparents

Names

Street

City State Zip

Email Phone

Grandparents

Names

Street

City State Zip

Email Phone

How did you learn about Central Montessori Academy?

Name and relationship of any relatives who have attended Central Montessori Academy

Current School District of residence: _____

Student's Present School/ Pre-school : _____

___ **Yes, you have permission to contact the present/previous school.**

Enrolled Since: _____ Grades Attended: _____ to _____

School Address: _____

School Phone Number: _____ Most recent teacher: _____

Previous School/ Pre-school

City and State

Years Attended

Has the student had any achievement, intelligence, or psychological testing during the last 3 years?

___ Yes

___ No

Name of Test: _____

Administered by: _____

Health

Describe the student's general health: _____

Any physical handicaps or allergies which would limit his/her participation in school activities?

Has the student ever suffered any serious injury or illness? _____

Is the student under the care of a physician, psychiatrist, therapist, or psychologist? If so, please describe briefly:

Please list any current medications:

Our primary goal in the admissions process is to find the right fit between school, student & family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

What is it about Central Montessori Academy that appeals to you? Why do you think it would make a good choice for your child?

Do you see your child as a fairly self-motivated and independent learner, or do you see that he/ she needs close supervision to stay on task and do well academically?

What responsibilities does your child have at this stage in his/ her life around your home?

How would you describe your child's social adjustment? Does he/she have many friends? Are any of them long-standing relationships?

How does your child interact with peers and adults?

How does your son or daughter spend his/ her spare time?

How would you describe your son or daughter's learning style? What are his/ her major academic strengths? Weaknesses?

Has your son or daughter had any difficulties in school? If so, what supports have you or his/ her school provided?

Please check the box if your child already has an IEP and include a copy of the IEP with this application.

Yes my child has an IEP No my child does not have an IEP

*If you are applying for **Toddler Program** see additional paperwork called "Getting to Know your Toddler." Please send that paperwork with this application when applying for the toddler program.

-----**These questions are for Pre-School Only**-----

Is your child potty trained? Yes No

Does your child dress and undress themselves? Yes No

An application fee of \$50.00 should accompany your application. The fee is non-refundable. Your application is regarded as a formal request for consideration of your child as a potential student at CMA. Once the application is processed an interview/ student visit will be scheduled for students 3- 12 years of age with one of the teachers.