

**\$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:** \_\_\_ Half –Day (Pre-Primary 8:30 – 1:00pm) \_\_\_ Half- Day (Toddler 8:30 – 12:30pm) \_\_\_ Full- Day (8:30 – 4:00pm)

If choosing the Part Time Program, the minimum for pre-primary is 3 half days (Tuesday, Wednesday, Thursday) the minimum for Toddler is 5 half days or 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: \_\_\_\_\_

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

**Correspondence should be sent to:**

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

**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                            Occupation

\_\_\_\_\_  
Employer                            Occupation

\_\_\_\_\_  
Home Phone                    Work Phone

\_\_\_\_\_  
Home Phone                    Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

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

**Grandparents**

**Grandparents**

\_\_\_\_\_  
Names

\_\_\_\_\_  
Names

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City            State            Zip

\_\_\_\_\_  
City            State            Zip

\_\_\_\_\_  
Email                            Phone

\_\_\_\_\_  
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 : \_\_\_\_\_

Enrolled Since: \_\_\_\_\_ Grades Attended: \_\_\_\_\_ to \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Most recent teacher: \_\_\_\_\_

\_\_\_\_\_

Previous School/ Pre-school	City and State	Years Attended
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Has the student had any achievement, intelligence, or psychological testing during the last 3 years?

\_\_\_ Yes                      \_\_\_ No

Name of Test: \_\_\_\_\_ Administered by: \_\_\_\_\_

**Health**

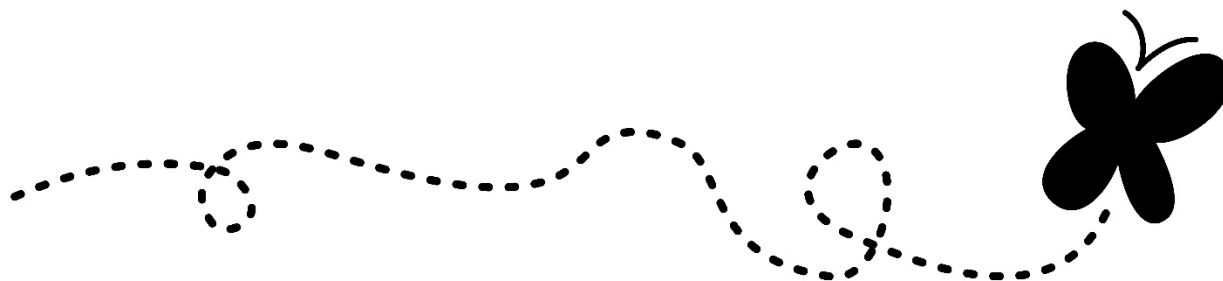
Describe the student's general health: \_\_\_\_\_

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

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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.