

# Portage Collaborative Montessori School

1000 55<sup>th</sup> Street N.E.  
Canton, Ohio 44721  
330-966-1912/FAX 330-966-0737

## STUDENT APPLICATION

\*\* Student Preferred Name: \_\_\_\_\_

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

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

Legal Last Name
First Name
Middle Name

Parents Names: \_\_\_\_\_

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

Number and Street
City
Zip Code

School District  

CC-Canton City
NC-North Canton City
PL-Plain Local
  

JL-Jackson Local
LL-Lake Local

Main Contact Phone: \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  

City
County
State

**State Reporting Information:** Please answer the following questions:

	YES	NO
Is the student registering for school Hispanic or Latina (Cuban, Mexican, South or Central American, Puerto Rican or other Spanish culture or origin regardless of race)?	<input type="checkbox"/>	<input type="checkbox"/>

Which race(s) best describes the student registering for the school (check all that apply)?

White (European, Middle Eastern, North African)	Black or African American	Asian (Far East including India)
American Indian or Alaskan Native	Native Hawaiian/Pacific Islander	

**Applying for \_\_\_\_\_ School Year**

Applying for Grade:    1<sup>st</sup> Year Preschool    2<sup>nd</sup> Year Preschool    Kindergarten    Grade 1    Grade 2  
**(Please Circle one)**

Grade 3 / Grade 4 / Grade 5 / Grade 6 / Grade 7 / Grade 8 *(Gr 3-8 Must have previous Montessori Experience)*

\_\_\_\_\_

Name of last **Montessori School** attendedYears attended

School currently attending \_\_\_\_\_

Siblings' names and birthdates: \_\_\_\_\_

Are any siblings currently enrolled at PCMS? \_\_\_\_\_  
Name(s)

**PARENT'S/GUARDIAN'S INFORMATION**

Mother: \_\_\_\_\_  
Last Name      First Name

Father: \_\_\_\_\_  
Last Name      First Name

Address: \_\_\_\_\_  
Number and Street      City      State

Address: \_\_\_\_\_  
Number and Street      City      State

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

.....

Step-Father \_\_\_\_\_  
Last Name      First Name

Step-Mother: \_\_\_\_\_  
Last Name      First Name

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_  
Employer      Phone Number

Work: \_\_\_\_\_  
Employer      Phone Number

E-mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Does a court order exist concerning the custody of this child? **YES NO** If yes, please continue.

*If yes, a copy of the custody court order is required.*

If yes, who has legal custody of this child? Do not list step-parent unless legally adopted.

\_\_\_\_\_

Name

Relationship

Are there any court orders restricting the non-custodial parent? **YES NO**

If yes, please include a court document citing the restrictions.

The child resides with:

\_\_\_\_\_

Last Name

First Name

/

Relationship

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

Number and Street

City

State

Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**OTHER VITAL DATA**

Is the student of limited English proficiency? **YES NO** Other language used in the household: \_\_\_\_\_

Does your child have any physical handicap that would prevent him/her from participating in school activities?

**YES NO** Please explain: \_\_\_\_\_

Does your child have difficulty hearing? **YES NO** \_\_\_\_\_

Does your child wear glasses? **YES NO** \_\_\_\_\_

Has your child ever had any special education services, including speech, through an IFSP or IEP? **YES NO**  
If **YES**, please attach a copy of IFSP or IEP.

Explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had individualized psychological testing? **YES NO**

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any health problems the school personnel should be aware of? **YES NO**

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication regularly? **YES NO** IF yes, for what? \_\_\_\_\_

Does your child have any allergies? **YES NO** Please list: \_\_\_\_\_

When considering your child's academic, social, emotional, and physical growth, what would you say is your child's strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your child's development?

---

---

---

Why have you chosen a Montessori education for your child?

---

---

---

---

This is an application for admission. You will be notified by mail and/or phone regarding admission to the program.

Please return this form to:

**Portage Collaborative Montessori School**  
**1000 55<sup>th</sup> Street N.E.**  
**Canton, Ohio 44721**  
**Attn: Kim Rimmele, Program Coordinator**

\*\*\*\*\*

**For School Use Only:**

**Date application received:** \_\_\_\_\_

**Approved:** \_\_\_\_\_