



# Cleveland Montessori

## Application for Enrollment

Please complete both pages and return it with your application fee to:  
12009 Mayfield Road, Cleveland, Ohio 44106  
PHONE: (216) 421-0700 FAX: (216) 421-2310

**Non-Refundable Application fees:**  
**Primary/Kindergarten \$35 Elementary/Middle School \$50**

Are you applying for Financial Aid? YES NO If yes, please call the school for information.

### FOR OFFICE USE ONLY

Rec'd Appl. Fee \_\_\_\_\_  
Date: \_\_\_\_\_  
CK# \_\_\_\_\_  
Observation \_\_\_\_\_  
Interview \_\_\_\_\_  
Acceptance \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
City State Zip code

Primary Language Spoken: \_\_\_\_\_

PLEASE CHECK PROGRAM DESIRED: All programs are 5 days per week

#### Primary Montessori:

(3 - 6 year olds) \_\_\_\_\_ 8:30 - 11:30 a.m. \_\_\_\_\_ 8:30 a.m - 3:15 p.m. \_\_\_\_\_ 7:30 a.m - 6:00 p.m.

#### Elementary/Middle School:

(6 - 14 year olds) \_\_\_\_\_ 8:15 a.m. - 3:15 p.m. Current Grade Level: \_\_\_\_\_

**Before Care:** \_\_\_\_\_ **After Care:** \_\_\_\_\_ **Preferred Start Date:** \_\_\_\_\_  
(3-14 yr. olds) 7:30-8:15 a.m. (3-14 yr. olds) 3:15- 6:00 p.m. (month & year)

Name of Father / Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip code

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business / Profession: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Continued Educational Program/Degree: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

Name of Mother / Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip code

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business / Profession: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Continued Educational Program/Degree: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

*Applicants with Disabilities: The school will consider students with diagnosed or suspected disabilities if the school determines that the specific program will meet the individual child's needs and abilities. Cleveland Montessori does not have additional support systems or resources to assist students with disabilities beyond the scope of the normal independent learning environment of the Montessori classroom.*

Name of applicant's current school: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Reason for leaving current school: \_\_\_\_\_

To what other schools are you applying on behalf of your child? \_\_\_\_\_

Has applicant ever received disciplinary or other censure at a previous school or from the community?  YES  NO  
If yes, please attach explanation.

Is the applicant related to a present or past student of a Montessori school?  YES  NO  
If yes, what school: \_\_\_\_\_

How did you first hear about the Montessori School at Holy Rosary? \_\_\_\_\_

What benefits do you expect your child to derive from participation in the Montessori class?  
\_\_\_\_\_  
\_\_\_\_\_

(Attach another sheet of paper if necessary)

Siblings:

Name: _____	Grade: _____	Age: _____	Current School: _____
Name: _____	Grade: _____	Age: _____	Current School: _____
Name: _____	Grade: _____	Age: _____	Current School: _____

We recognize that the Montessori primary program is a **THREE YEAR** program wherein a child normally enters at age 3, remains through age 5 or 6 thus fulfilling the educational requirements for 'traditional kindergarten.' We understand and agree that if our child is accepted into Cleveland Montessori, we agree to utilize the fullness of the program by enrolling for the entire three years.

We recognize that the elementary program is a **SIX YEAR** program wherein a child normally enters at Grade One and remains through to Grade Six. We understand that this is necessary for the child to benefit properly from the Montessori Elementary experience. We are aware that the class placement is the sole responsibility of the school and that the school regretfully cannot accept parent requests.

The child's placement in a class will be at the sole discretion of the school based on pedagogical criterion.

We understand that if our child is not accepted for admission this year and we would like him/her to be considered the following year, we are to notify Cleveland Montessori by mid-year to reactivate this application (at no additional charge).

We reside in the \_\_\_\_\_ Public School District.  
Transportation to and from Cleveland Montessori is the sole responsibility of the parent/guardian.

**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The application process for Cleveland Montessori requires the following:

- Parent/Guardian Observation
- Parent/Guardian meeting with Admissions Director
- Paid Application on file with school office
- Child's initial visit/interview in classroom
- Receipt of records from applicants previous and current school(s)

*Nondiscrimination Policy: Cleveland Montessori will not discriminate based upon race, color, gender nor ethnic origin. Cleveland Montessori recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, public school district initiated desegregation. Cleveland Montessori will not discriminate on the basis of race, color, gender, or ethnic origin in the hiring of its certified or non-certified personnel.*