



11 U.S. Route One  
Cumberland Foreside, ME 04110  
207-781-6321  
Fax: 207-512-5980

## Application for Admission

### APPLICANT INFORMATION

Today's Date \_\_\_\_\_

Student Name (Legal) \_\_\_\_\_ Preferred Name \_\_\_\_\_  
First Middle Last (if different)

Applying for admission to: Preschool Kindergarten Grade: 1 2 3 4 5 6 7 8 Beginning (month, year): \_\_\_\_\_  
(circle one)

Preschool applicants--please indicate desired schedule: \_\_\_\_\_ Mon - Fri *Full Day* \_\_\_\_\_ Mon - Fri *Mornings (8:15am-Noon)*  
\_\_\_\_\_ Mon, Wed, & Fri *Full Day* \_\_\_\_\_ Mon, Wed, & Fri *Mornings* \_\_\_\_\_ Tues & Thu *Full Day* \_\_\_\_\_ Tues & Thu *Mornings*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current School/Grade \_\_\_\_\_

Are you affiliated with the Religious Society of Friends (Quakers) in any way? Please explain.

Admission decisions are made independently of financial aid considerations. Would you like to receive information on applying for financial aid?  
\_\_\_\_ Yes \_\_\_\_ No

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Address(if different) \_\_\_\_\_

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

Home Phone(if different) \_\_\_\_\_

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

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

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

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

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

### FAMILY INFORMATION

Who is/are the applicant's legal guardian(s)? \_\_\_\_\_

With whom does the applicant live? (Please list name and relationship of all individuals who reside in the household and age of siblings.)

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\* OVER \*

WHY FRIENDS SCHOOL OF PORTLAND?

How did you learn about Friends School of Portland? What interests you about FSP?

Why do you believe Friends School of Portland would be a good match for your child?

STUDENT DESCRIPTION

On a separate page, please describe goals for your child’s education, the environment in which you believe your child would thrive, aspects of your child’s intellectual, social, spiritual, and emotional development, or other information that will help us learn more about your child.

For Preschool and Kindergarten Applicants: Please comment briefly about your child’s temperament, play style, interests, separation experience, and any significant emotional or developmental strengths or challenges.

For 1st through 8th Grade Applicants: Please comment briefly on your child’s temperament, style of peer interaction, past school experiences including strengths, difficulties and interests, and any significant emotional or developmental strengths or challenges.

TESTING OR SUPPORT

Has the applicant ever received additional support services inside or outside of school?  Yes  No

Has the applicant ever been recommended for evaluation?  Yes  No

Please check any that apply and explain below:

- Checkboxes for IEP, Learning Difference, 504 Plan, RTI Support Plan, ELL, Counseling, Skip/Repeat a Grade, CDS/Early Intervention, and Other.

Please explain here and include copies of supporting materials (e.g. standardized testing, evaluations, IEP or 504 Plans & progress notes).

ADDITIONAL INFORMATION

Please describe any special circumstances that the applicant may be dealing with (e.g. applicant or family illness, food/environmental allergies, separation from/loss of a significant person in the family, etc.). Attach additional pages if necessary.

I (We) understand that the information contained in this application and all accompanying forms is confidential and shall not be disclosed to anyone, including the applicant’s family.

I (We) declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete.

Signature of Parent/Guardian Date:

Signature of Parent/Guardian Date:

Send to: Friends School of Portland, 11 U.S. Route One, Cumberland Foreside, ME 04110 / Or fax to: 207-512-5980

Be sure to include: Student Description \$25.00 Application Fee Any Applicable Reports/Evaluations



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## Teacher Reference

I, \_\_\_\_\_, parent/guardian of the child named below,  **do**/ **do not** waive my right to view this reference for my child \_\_\_\_\_, who has applied for admission to Friends School of Portland.

\_\_\_\_\_  
Parent/guardian signature

Friends School of Portland is an independent school guided by Quaker values and organized in multi-age classes, beginning with Preschool for 3 & 4 year olds, Kindergarten for 5 year olds, Grades 1-2, 3-4, 5-6, and 7-8.

Your thoughtful comments will help us determine whether Friends School of Portland is an appropriate learning environment for this child. Your complete candor will be appreciated. We ask that you respond as promptly as possible, as the child's application cannot be processed until we have this document.

**In what capacity have you worked with the applicant? How long have you known the child?**

**What academic and intellectual strengths and weaknesses does the applicant display? Is this child a competent and independent reader? How does s/he express herself/himself verbally and in writing? Please be as specific as possible with regard to math and other subjects as well.**

**How does the applicant get along with other children? Is the child a leader? A follower? A participant? An observer? A loner? Sensitive to others? How would you describe the applicant's friendships? How does the child get along with adults?**

**Describe the applicant's learning style. Does s/he follow directions well? Does s/he tend to work and play independently or in groups? Participate in class discussions? Follow through on academic tasks? Exhibit curiosity and motivation? Please be as specific as possible.**

**\*OVER\***

**What are the personal strengths and needs of the applicant? Please comment on maturity, responsibility, leadership, sense of humor and integrity. Feel free to include specific anecdotes.**

**Please comment on special interests or abilities of the applicant.**

**Does the applicant have any impairment in speech, hearing, vision, muscular development, or visual/auditory perception or processing of which we should be aware? Has the child ever been evaluated or received counseling or tutoring of any kind? Please be specific.**

**What advice would you offer to someone working with this child?**

**Please give an example of the parents'/guardians' participation in the school community.**

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School Name \_\_\_\_\_

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

School Phone \_\_\_\_\_ Home Phone (optional) \_\_\_\_\_

Signature \_\_\_\_\_



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## Transcript Release

Parent or Guardian:

**Please complete and send this form to the school in which your child is presently enrolled.**

I give permission for \_\_\_\_\_ (school) to release a copy of my child's records, including group and individual test results, teacher reports, and transcripts, and request that it be forwarded to Friends School of Portland at the above address.

Name of child \_\_\_\_\_ Current grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_