We have found a parent’s perspective of an applicant valuable in getting to know the child better. Please tell us about your child’s characteristics, personality, traits, and maturity so that we may have a clearer picture of how you view your child. You may write your comments in the space provided below, or if you need additional space, on a separate piece of paper.

__________________________________________________________________________________________________________________________________________

What activities or interests does your child pursue either inside or outside of school? ____________________________________________________________________________

__________________________________________________________________________________________________________________________________________

What do you see in Portledge which makes you think it will be a good place for your child to grow? ____________________________________________________________________________

__________________________________________________________________________________________________________________________________________
What family activities does your child enjoy?

Average time per week spent reading recreationally: ___________________________ Does the family read aloud?  □ Yes □ No
Favorite kinds of books/subject matter: __________________________________________

Languages spoken in the home. ________________________________________________

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? □ Yes □ No
(If yes, please explain) _______________________________________________________

Has the candidate ever skipped or repeated a grade? □ Yes □ No If yes, please indicate the grade or grades and the circumstances.

With the common goal of providing your child with the best educational experience, please share the following information with our school and provide the most recent copy of any of the checked items.

Has the applicant ever had:
an IEP □ 504 Plan □ Educational Evaluation □ Psychological Evaluation □

Is the applicant on medication of any kind? (if not in violation of confidentiality) □ Yes □ No

Are there any physical limitations or other concerns which might affect adjustment to Portledge School? □ Yes □ No

Is the applicant currently receiving any academic tutoring and/or professional counseling? □ Yes □ No

If the answer to any of the above questions is yes, please explain.

________________________________________________________________________

Parent’s Signature (or Guardian’s Signature) ___________________________ Date ____________

All information provided to the school during the admissions process is strictly confidential. Thank you for completing the form thoughtfully.

Portledge School admits students of any race, color, creed, gender, sexual orientation, national and ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, creed, gender, sexual orientation, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, or athletic and other school-administered programs.