



Providence Montessori School

1209 Texaco Road
Lexington, KY 40508

859-255-7330

859-253-0886 (fax)

<u>Office Use only</u>	
Tour ____	Date _____
Visitation ____	Date _____
App. Check # ____	Date _____

New Student Application Application fee \$55.00 (non-refundable)

Pupil's Name: _____
Last First Middle Nickname

Home Address: _____

City, State, Zip: _____

Home Phone: () _____ Emergency Phone: () _____

E-mail Address: _____ Cell Phone: _____

Birth date: _____ Age: _____ Gender: _____ Race: _____

Father's name: _____ Mother's name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Family Status: (Check those that apply)

_____ Single _____ Parents divorced _____ Father remarried

_____ Parents married _____ Parents separated _____ Mother remarried

_____ Guardianship _____ Father deceased _____ Mother deceased

With whom is the applicant living? _____

Siblings: Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Program Applying For:	Primary (3-6 yr. Old)	Elementary
	Morning Program _____	6-9 Program _____
	Afternoon Program _____	9-12 Program _____
	All day Program _____	
	Toddler Program _____	all day _____ half day _____

Please circle **Enrollment Year:** 2009-2010 2010-2011 2011-2012

How did you become acquainted with Providence Montessori? _____

What are your expectations regarding your child's learning experience at Providence? (Please attach additional comments)

Have you visited a Montessori class? _____ Where? _____

Describe your child's general health. Has your child ever suffered any serious illness, injury or hospitalization? _____

Is your child currently receiving any medication? If so, please list: _____

Do you have any concerns about your child's development? Yes _____ No _____ If yes, please explain: _____

What is the primary language spoken in your home? _____

Your child's present school or day care program: _____

Teacher _____ School phone: _____

Current Grade: _____ (We routinely contact child's current school/teacher.)

Please list any previous schooling:

School name: _____

Address: _____

Providence Montessori School welcomes and considers all applications without regard to race, religion, or ethnic or national background.

Please visit our web site at www.providencemontessoriky.org to learn more about our school. Thank you for your interest in Providence.

A non-refundable application fee of \$55.00 is required to process application.