



Office Use only

Tour \_\_\_\_\_ Date \_\_\_\_\_

Visitation \_\_\_\_\_ Date \_\_\_\_\_

App. Check # \_\_\_\_\_ Date \_\_\_\_\_

# Providence Montessori Middle School

519 West Fourth Street

Lexington, KY 40508

859-721-7331 (phone) / 859-721-2321 (fax)

**Middle School / Erdkinder Campus  
New Student Application  
Application fee \$75.00 (non-refundable)**

Pupil's Name: \_\_\_\_\_  
Last First Middle Nickname

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

City, State, Zip: \_\_\_\_\_

Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

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: \_\_\_\_\_

Please circle **Enrollment Year:** 2019-2020 2020-2021 2021-2022 2022-2023

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: \_\_\_\_\_

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](http://www.providencemontessoriky.org) to learn more about our school. Thank you for your interest in Providence.

**A non-refundable application fee of \$75.00 is required to process application.**