

Community Montessori School, Inc.

Montessori Middle School of Kentucky

725 Stone Road · Lexington, KY 40503 · 859-277-4805 · www.cmsmontessori.org



STUDENT INFORMATION

First Name	Middle Name	Last Name
<hr/>		
Home Address	City	State Zip Code
<hr/>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date Month Day Year	Home Phone #
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APPLICATION INFORMATION

Applying for which year? 7th Grade 8th Grade Applying for term beginning September, 20 __ __

Does your child have previous Montessori experience? Yes No Years attended? Name of Montessori School:

Name of school currently attending: Grade:

PARENTS/ GUARDIANS

Mother

Father

Full Name	<hr/>
Occupation/ Employer	<hr/>
Work / Cell Phone #	<hr/>
Email Address	<hr/>
Address if different from above	<hr/>

SIBLINGS

Name	Age	Gender	Name	Age	Gender
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List name, age, and gender of other children in the family.

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EMERGENCY CONTACTS

Emergency Contact's Name	Telephone #	Physician's Name	Telephone #
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List the name and telephone # of an emergency contact and a physician.

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OFFICE USE ONLY

Date Application Received	Date Postcard Sent	Application Fee
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On Computer	Date Contract Sent	Date Medical Papers Sent
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Contact (by phone, etc.)	Post Interview Contact	
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Please mail complete, signed application to:

Signature of Mother (or Guardian)	Date
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Signature of Father (or Guardian)	Date
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Business Office:
 Community Montessori School, Inc.
 166 Crestwood Drive
 Lexington, KY 40503