

# 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
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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?  7<sup>th</sup> Grade  8<sup>th</sup> Grade      Applying for term beginning September, 20\_\_ \_\_

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

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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

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

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### EMERGENCY CONTACTS

<b>Emergency Contact's Name</b>	<b>Telephone #</b>	<b>Physician's Name</b>	<b>Telephone #</b>
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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:

Business Office:  
 Community Montessori School, Inc.  
 166 Crestwood Drive  
 Lexington, KY 40503

Signature of Mother (or Guardian)	Date
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Signature of Father (or Guardian)	Date
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