

PROVIDENCE MONTESSORI CHRISTIAN SCHOOL

1900 Chamberlayne Avenue, Richmond, Virginia 23222

Phone 804-643-6200 www.pmcsrcrichmond.org

Application for Admission for the School Year 2012-2013

Student Information

Student's full name _____ M _____ F _____

Name student is called _____ Birth date _____

Address _____

_____ Home phone number _____

Siblings' Names and Ages _____

Previous school attended _____

Parent/Guardian Information

Father/Guardian's Full Name _____

Address(if different from above)

Home phone number _____ Home email address _____

Employer's name and address _____

Work phone number _____ Cell phone number _____

Mother/Guardian's Full Name

Address(if different from above)

Home phone number _____ Home email address _____

Employer's name and address _____

Work phone number _____ Cell phone number _____

Emergency Information

Physician's Name _____ Phone _____

Does your child have any allergies? _____ If yes, please list _____

What type of treatment or medication does your child receive? _____

What health problems should be noted? _____

First contact person and phone number if parent or guardian cannot be reached _____

Second contact person and phone number if parent or guardian cannot be reached _____

Other Information

Explain why you have chosen to apply to Providence Montessori Christian School.

Please note, it is PMCS's policy to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.

A non-refundable interview fee of \$50.00 must accompany this application.

Signature of applicant's parent

Date

Providence Montessori Christian School does not discriminate in its selection process as to race, color, religion, sex, or national origin, nor is its intention to make any such preferences or limitations.