



1900 Chamberlayne Avenue, Richmond, Virginia 23222  
Phone 804-643-0434 [www.pmcsrichmond.org](http://www.pmcsrichmond.org)

**Application for Admission for the School Year 20\_\_-20\_\_**

**Student Information**

Student's full name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age on Sept. 1 \_\_\_\_\_

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 \_\_\_\_\_

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### 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

How did you hear about Providence Montessori Christian School?

\_\_\_\_\_

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. The parent/guardian will arrange to have the child picked up as soon as possible. In addition, various forms, including a copy of a birth certificate and a completed medical form are required for admission.

A non-refundable interview fee of \$25.00 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.*