



LOWER ELEMENTARY SCHOOL ENROLLMENT APPLICATION

DATE: _____ SCHOOL YEAR APPLYING FOR: _____

CHILD'S FULL NAME: _____ DOB _____

NICKNAME: _____ GENDER _____

GRADE APPLYING FOR:

_____ LOWER ELEMENTARY (GRADES 1, 2, 3) Indicate grade: _____

_____ UPPER ELEMENTARY (GRADES 4, 5, 6) *Available in 2013

_____ AFTER CARE (3:30 TO 5:30) 2 DAYS _____ 3 DAYS _____ 5 DAYS _____

FAMILY LAST NAME: _____ PHONE: _____

FATHER: _____ MOTHER: _____

ADDRESS: _____
STREET CITY STATE ZIP

BILLING ADDRESS: _____
STREET CITY STATE ZIP

ADDITIONAL ADDRESS IF PARENTS LIVE SEPARATELY: _____

FATHER'S WORK PHONE: _____ MOTHER'S WORK PHONE: _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

FATHER'S CELL: _____ MOTHER'S CELL: _____

FATHER'S E-MAIL: _____

MOTHER'S E-MAIL: _____

IF A SIBLING IS ENROLLED, OR YOU ARE ENROLLING MORE THAN ONE CHILD, WHAT IS THEIR NAME?
DATE OF BIRTH: _____

DO YOU PREFER THEY BE IN THE SAME CLASS? YES _____ NO _____

OUR INTENTION IS TO STAY THROUGH: Lower elementary _____ Upper Elementary _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE: _____

NAME AND ADDRESS OF SCHOOL IN WHICH YOUR CHILD IS CURRENTLY ENROLLED: _____

PLEASE LIST FORMER SCHOOLS AND DATES ATTENDED: _____

HOW DID YOU HEAR ABOUT NKMC? _____ REFERRED BY _____

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? _____

OTHER LANGUAGE(S): _____

Yes No

DOES YOUR CHILD HAVE ANY CHRONIC HEALTH PROBLEMS OR SEVERE ALLERGIES? _____

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE: Yes No

1. SPECIAL EDUCATIONAL NEEDS? _____

2. EMOTIONAL NEEDS? _____

3. SOCIAL/BEHAVIORAL NEEDS? _____

DOES YOUR CHILD HAVE LEARNING DIFFICULTIES OR DISABILITIES? _____

IF YES, PLEASE EXPLAIN: _____

HAS YOUR CHILD EVER HAD: Yes No

1. A PSYCHO-EDUCATIONAL EVALUATION _____

2. A VISION SCREENING _____

3. A SPEECH AND HEARING EVALUATION _____

HAS YOUR CHILD EVER HAD ANY OTHER EVALUATION OR SCREENINGS? _____

IF YES, PLEASE EXPLAIN _____

Yes No

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? _____

IF YES, WHAT? _____

WHY? _____

HOW OFTEN? _____

***NOTE:** APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS ALL ABOVE QUESTIONS ARE ANSWERED.

I hereby petition Northern Kentucky Montessori Center, Inc. to consider my child for inclusion in its Elementary program. A non-refundable fee of \$150 accompanies this application. I understand that NKMC, Inc. shall not discriminate in the selection of the parent and/or child because of race, color, creed or sex. I further understand that enrollment is not guaranteed until the applicant child is interviewed and tuition contracts are signed and initial tuition payments are made. I/We state that the above information is correct to the best of our knowledge. I/We understand that providing false information may lead to the dismissal of my/our child(ren).

SIGNATURE OF FATHER _____ DATE _____

SIGNATURE OF MOTHER _____ DATE _____

FOR OFFICE USE ONLY

DATE REC'D _____ CHECK# _____ AMOUNT _____ BANK _____ CC _____

ACCEPTED _____

