

# KNOXVILLE MONTESSORI SCHOOL

4311 Kingston Pike • Knoxville, Tennessee 37919 • (865) 525-6042  
kms@knoxvillemontessori.org • www.knoxvillemontessori.org

## ELEMENTARY APPLICATION FORM

Child Legal Name \_\_\_\_\_

What Name Your Child Goes By \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Other Primary Caregiver \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Caregiver's Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

With whom does child live? \_\_\_\_\_

*If there is a custody schedule for your child, please attach to this form.*

If not KMS, previous educational setting \_\_\_\_\_

\_\_\_\_\_

Names & Ages of Siblings \_\_\_\_\_

\_\_\_\_\_

Medical History *(Please list in detail)*

Birth Defects \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical History *(continued)*

Past Surgeries \_\_\_\_\_

---

---

Developmental Issues \_\_\_\_\_

---

---

Special Dietary or Medical Information \_\_\_\_\_

---

---

Special Social, Emotional, or Behavioral Needs \_\_\_\_\_

---

---

Please list hobbies, activities, and sports that your Child/Family is involved in \_\_\_\_\_

---

---

Child's areas of strengths \_\_\_\_\_

---

---

---

---

Child's areas of greatest need \_\_\_\_\_

---

---

---

---

Signature of Parent or Guardian

Date

*Please return this form together with the "Authorization for the Release of Student Records."  
We look forward to talking with you further about your child's possible enrollment at KMS!*

# KNOXVILLE MONTESSORI SCHOOL

4311 Kingston Pike • Knoxville, Tennessee 37919 • (865) 525-6042

kms@knoxvillemontessori.org • www.knoxvillemontessori.org

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

### **Parents:**

*Please complete and sign this form and return it to KMS so we can request your child's records.*

The following student has applied for admission to the Knoxville Montessori School:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School Address: \_\_\_\_\_

\_\_\_\_\_

I hereby give permission to release copies of the above named student's cumulative records.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **To the School:**

Please send the following information to:

The Knoxville Montessori School  
4311 Kingston Pike  
Knoxville, TN 37919

- Transcripts of all available prior school years.
- First semester report card for current year (if applicable)
- Any available standardized testing
- Psychological or Psychiatric Assessments

If you have any questions, please call KMS at 865-525-6042.

*The Knoxville Montessori School values diversity and provides equal access and treatment without regard to ethnic origin, race, gender, or religion.*