

Enrollment Form

ARCADIA MONTESSORI SCHOOL

1406 S. Santa Anita Ave * Arcadia, California 91006 * (626) 447-3513

APPLICATION FOR ENROLLMENT

I/We request the admission of the below named children in the ARCADIA MONTESSORI SCHOOL in accordance with the current policies of the school:

Children(s) Name

_____/_____/_____
Last First Middle Sex Age Birthdate

_____/_____/_____
Last First Middle Sex Age Birthdate

Parent Names _____

Address _____

Home Phone (_____) _____ Work Phone(_____) _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Email _____

- Enclosed is our \$100.00 Non-Refundable Registration Fee. My child is to start school:
 - As soon as space is available
 - Summer School
 - Fall School Term
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If application is for a sibling of a child presently attending the ARCADIA MONTESSORI SCHOOL and the \$100.00 Registration Fee previously has been paid:

- Enclosed is our tuition payment deposit of \$100.00
-

Date

Signature of Parent or Guardian