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 Birth date

 / / /

Last First Middle Sex Age Birth date

Parent Name

Parent Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #1 (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #2 (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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

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 $25.00.

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Signature of Parent or Guardian