

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.
-

Signature of Parent or Guardian