

## Application For Enrollment 2017-2018

Admission • Re-registration • Enrollment Agreement

Student Name:	
School Year: 2017-2018	2018-2019 2019-2020
TODDLER (18 months - age 3) 5 Days 4 Consecutive Days:M - ThT - F Dismissal: 12:00 3:00	<ul> <li>Application Fees:</li> <li>Original Application \$150</li> <li>New Student Registration \$300</li> <li>Current Student Re-registration \$150 (If paid by March 3; \$300 after March 3)</li> </ul>
4:30 6:00  PRIMARY (3-6 years; includes Kindergarten)  Dismissal: 12:00 3:00 4:30 6:00	ELEMENTARY/MIDDLE SCHOOL (Level 1-8)  Dismissal: 3:00 4:30 6:00
DESIRED START DATE:  Referred by:	**A completed Parent Questionnaire is required to process the application. It may be completed online: <a href="maquestionnaire.com">maquestionnaire.com</a> or you may request a hardcopy from the Admin.  Office.
	e Use Only  Interview/Visit dates:  Health Form Room #  Reg Ck# Date / _/
Questionnaire Received:	NG CNT DateII

## Name First Middle Last Name Called DOB / \_ / \_ Age \_ \_ Level: \_ \_ Gender: \_ \_ Grade Completed \_ \_ \_ Hand Dominance: \_\_\_\_\_ Street address City State Zip code Home Telephone Parent(s) or Guardian(s) with whom child lives: ☐ Father ☐ Mother ☐ Mother □ Father First Name Last Name First Name Last Name Cell # Work# Ext Cell # Work # Ext **Employment** Occupation **Employment** Occupation Educational Background Educational Background Email Address - Required Email Address - Required Names & ages of siblings: \_\_\_\_ Schools siblings attend: If Divorced or Separated Mother/Father Street Address City State Zip code Home phone Cell phone Work phone Ext

Application:

AUTHORIZED TO PICK UP CHILD? \_\_YES

## **Emergency & Authorized Pick-Up Persons**

#1 Name	Relationship to Child	
Home phone	Cell phone	Work phone Ext
#2 Name	Relationship to Child	
Home phone	Cell phone	Work phone Ext
#3 Name	Relationship to Child	
Home phone	Cell phone	Work phone Ext
	Applicant's Medical Information	
Pediatrician Name	Pediatric Group	
Street Address	Phone	
Allergies (bee stings, food, envi	ronmental, etc.)	
Special Needs/Medications:		
Signature Required:		
I authorize Emergency Medical	Care	
	Signature	Date
	Photo Release Permission	
Students are never identified in	d for marketing the school and highlighting the highlightons for print or on the website. Uses may include the media, video, and the website at www.mo.	ide, but are not limited to, Montessori Academy
Signature Required:		
YES, I give permission for Mont	essori Academy to use my child's photograph (or r	my family's photo) if photographed at a
Montessori Academy social eve	nt or in the classroom.	
	Signature	Date
NO, Do not use my child's or fa		
	Signature	Date

## **Enrollment Agreement:**

The application, application fee, registration fee, and the signature at the bottom of this agreement reserves a space for the applicant and by signing this agreement, I am committing to paying tuition for the entire school year.

To withdraw my child before July 1, of the current year, I must submit a letter to the Headmaster no later than June 30, of the current year (see date at bottom of page), requesting to be released from the year's contract. This request must be accompanied by a termination fee of \$100. Records will be released after the termination fee has been paid.

To be released from this contract, if I move outside a 50-mile radius of Montessori Academy, I must give a full calendar month notice of intent to withdraw, or I will owe the tuition for the following month. For example, if on March 1 you notify the school in writing that the last day of attendance will be March 31, no tuition will be due beyond March. If notice is given on March 15 then the full tuition payment for April must be paid.

All tuition payments are due on the 1st day of the month and are considered late if received after the 4th of each month.

Our annual commitment to Montessori Academy includes participation in parent volunteer leadership for the classroom and community.

Montessori Academy reserves the right to suspend, dismiss, or ask for the immediate withdrawal of any student at any time if, at the sole discretion of Montessori Academy's Headmaster, a student's work, progress, conduct, or influence (on or off campus) falls below acceptable educational or social standards. Each student's enrollment is subject to the rules and policies of Montessori Academy, as interpreted by the Headmaster.

Montessori Academy is a not-for-profit school that practices a non-discriminatory policy and accepts all qualified students without regard to race, color, or national origin.

The contract is valid when an applicant completes a successful interview and pays the registration fee. Parent agrees to submit the Tennessee School Immunization Certificate and any required records from the child's previous school, if applicable.

Signature of parent or guardian	Signature of parent or guardian	
(Both parents/guardians must sign)	(Both parents/guardians must sign)	
PRINT NAME	PRINT NAME	
Date Signed (MM/DD/YYYY)	Date Signed (MM/DD/YYYY)	