



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 - Th

___ T - F

Dismissal: ___ 12:00 ___ 3:00

___ 4:30 ___ 6:00

Application Fees:

- Original Application \$150
- New Student Registration \$300
- Current Student Re-registration \$150
(If paid by March 3; \$300 after March 3)

ELEMENTARY/MIDDLE SCHOOL (Level 1-8)

Dismissal: ___ 3:00 ___ 4:30 ___ 6:00

PRIMARY (3-6 years; includes Kindergarten)

Dismissal: ___ 12:00 ___ 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: maquestionnaire.com or you may request a hardcopy from the Admin. Office.

For Office Use Only

Questionnaire Received: _____

Interview/Visit dates: _____

Reg ___ Ck# ___ Date ___ / ___ / ___

Room # _____

Fees paid: App ___ Ck# ___ Date ___ / ___ / ___

Interviewed by: _____

Health Form: _____

Entry Date: ___ / ___ / ___

Application:

Name _____
Last First Middle 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:

Mother Father

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*

AUTHORIZED TO PICK UP CHILD? ___ YES ___ NO

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, environmental, etc.) _____

Special Needs/Medications: _____

Signature Required:

I authorize Emergency Medical Care _____
Signature *Date*

Photo Release Permission

Photographs of children are used for marketing the school and highlighting the high quality of students at Montessori Academy. Students are never identified in photos for print or on the website. Uses may include, but are not limited to, Montessori Academy brochures, advertisements, local news media, video, and the website at www.montessoriacad.org.

Signature Required:

YES, I give permission for Montessori Academy to use my child's photograph (or my family's photo) if photographed at a Montessori Academy social event or in the classroom. _____
Signature *Date*

NO, Do not use my child's or family's photograph. _____
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 applicable director 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 Head of School, 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 Head of School.

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

(Both parents/guardians must sign)

Signature of parent or guardian

(Both parents/guardians must sign)

PRINT NAME

PRINT NAME

Date Signed (MM/DD/YYYY)

Date Signed (MM/DD/YYYY)