



# APPLICATION FOR ENROLLMENT

## HIGH SCHOOL 2019-2020

Student Name: \_\_\_\_\_

School Year: \_\_\_ 2019-2020 \_\_\_ 2020-2021 \_\_\_ 2021-2022

### HIGH SCHOOL (9<sup>th</sup>-12<sup>th</sup> Levels)

Please choose grade level and number of days per week.

\_\_\_\_\_ 9<sup>th</sup> grade                      \_\_\_\_\_ 3 Days (Tu/W/Th)

\_\_\_\_\_ 10<sup>th</sup> grade                    \_\_\_\_\_ 5 Days

\_\_\_\_\_ 11<sup>th</sup> grade

Morning Arrival is 7:30-8:00am.

Dismissal is 3:00pm.

Referred by: \_\_\_\_\_

#### To Apply; Please Submit:

- Application for Enrollment
- Application Fee; \$100
  - Via cash or check payable to "Montessori Academy"
- Online Questionnaire; <https://form.jotform.com/asitter/HSquestionnaire>

\*The Director of the Program for which you are applying will contact your family upon receipt of the above materials.\*

*For Office Use Only*

<i>Questionnaire:</i>		<i>Interview Date:</i>	<i>Interviewed By:</i>		<i>Health Form:</i>	<i>Date of Entry:</i>
<i>App Fee:</i>	<i>Ck #:</i>	<i>Date:</i>	<i>Reg Fee:</i>	<i>Ck #:</i>	<i>Date:</i>	<i>Rm #:</i>

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[www.montessoriacad.org](http://www.montessoriacad.org)



# Application for Admission

## Applicant Information

Name \_\_\_\_\_  
*Last First Middle Name Called*

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_  
*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 #*

\_\_\_\_\_  
*Cell # Work #*

\_\_\_\_\_  
*Employment Occupation*

\_\_\_\_\_  
*Employment Occupation*

\_\_\_\_\_  
*Educational Background*

\_\_\_\_\_  
*Educational Background*

\_\_\_\_\_  
*Email Address - Required*

\_\_\_\_\_  
*Email Address - Required*

## Family Information

Previous schools/preschools applicant attended: \_\_\_\_\_

Names & ages of siblings: \_\_\_\_\_

Schools siblings attend: \_\_\_\_\_

## If Divorced or Separated

\_\_\_\_\_  
*Mother/Father*

\_\_\_\_\_  
*Street Address City State Zip code*

\_\_\_\_\_  
*Home phone Cell # Work #*

AUTHORIZED TO PICK UP CHILD? \_\_\_YES \_\_\_NO

## Emergency & Authorized Pick-Up Persons

_____ <i>#1 Name</i>		_____ <i>Relationship to Child</i>
_____ <i>Home phone</i>	_____ <i>Cell #</i>	_____ <i>Work #</i>
_____ <i>#2 Name</i>		_____ <i>Relationship to Child</i>
_____ <i>Home phone</i>	_____ <i>Cell #</i>	_____ <i>Work #</i>
_____ <i>#3 Name</i>		_____ <i>Relationship to Child</i>
_____ <i>Home phone</i>	_____ <i>Cell #</i>	_____ <i>Work #</i>

## Applicant - Medical Information

_____ <i>Pediatrician Name</i>	_____ <i>Pediatric Group</i>
_____ <i>Street Address</i>	_____ <i>Phone #</i>
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](http://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.*

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Signature of Parent or Guardian

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Signature of Parent or Guardian

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PRINT NAME

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PRINT NAME

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Date Signed (MM/DD/YYYY)

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Date Signed (MM/DD/YYYY)