

Montessori School of Fayetteville
PO Box 40138 Fayetteville, North Carolina 28309
Email: montessori@embarqmail.com

2011/2012 APPLICATION FORM

For office use only: Date application submitted _____ *Chk.#* _____ *Date* _____ *Amt.* _____

Application is hereby made for the admission of _____
as a student in Montessori School of Fayetteville for the 2011/2012 school year. Enclosed is the
\$150 non-refundable application fee. All information on this form must be completed in full for
the application to be processed.

Child's Full Name:

_____/_____/_____/_____
Last First Middle Nickname

Home Address: _____

_____/_____/_____
City state zip code

Telephone: _____ **E-mail Address:** _____

Child's date of birth: _____ **Male:** _____ **Female:** _____

Child's social security number: _____

Father/Guardian's Name: _____

Business or Profession: _____

Name of Firm: _____

Business Address: _____

Business Telephone: _____ **Cell Phone:** _____

Beeper #: _____

Mother/Guardian's Name: _____

Business or Profession: _____

Name of Firm: _____

Business Address: _____

Business Telephone: _____ **Cell Phone:** _____

Beeper #: _____

Child's Physician: _____

Physician's Address: _____ **Physician's Telephone:** _____

Child's Dentist: _____

Dentist's Address: _____ **Dentist's Phone #:** _____

Hospital Preference: _____

Hospital Address: _____ **Hospital Telephone:** _____

Your child's records from a current or previous school must be reviewed before acceptance into any MSF program. Parents are advised to promptly notify their child's current school that they are applying for enrollment at MSF. Your signature authorizes MSF representatives to contact your child's current and/or former schools upon receipt of this application.

Name of school attended: _____ Dates Attended: _____

School address: _____ City _____ State _____ Zip _____

My child has the following special needs/handicaps: _____

Any medications currently being taken by child: _____

My child has the following allergies: _____

List any special dietary needs for your child: _____

My child has the following fears or unique characteristics: _____

How did you locate Montessori School of Fayetteville? (recommendation, phone book, magazine, etc)

Please indicate your choice of program:

Toddler Programs: Half-Day, 5 days (8:30 – 11:30) Half-Day, 4 days (8:30 – 11:30)
 Half-Day, 3 days (8:30 – 11:30) Half-Day, 2 days (8:30 – 11:30)
 Full-Day, 5 days (8:30 – 2:30) Full-Day, 4 days (8:30 – 2:30)
 Full-Day, 3 days (8:30 – 2:30) Full-Day, 2 days (8:30 – 2:30)

Preprimary Programs: Half-Day (8:30 – 11:30) Half-Day + Lunch (8:30 – 12:30)
 Full-Day (8:30 – 2:30)
 Kindergarten (8:30 – 2:30)

Elementary Program (8:30 – 2:45): 1st grade 2nd grade 3rd grade

Acceptance to all programs is based upon child's readiness and will be determined by the administration.

I/We, the parents/guardians of _____ (student's name), make application for his/her enrollment at Montessori School of Fayetteville for the 2011-2012 school year. I/We understand that this application will be processed only when the following conditions have been met: 1) the signed application form is submitted with the application fee; and 2) any outstanding accounts with MSF are paid in full.

I/We understand that tuition is an annual, contractual amount and that I/we will have a legal financial obligation to Montessori School of Fayetteville to make timely payment of all tuition and fees according to the Tuition & Fees Payment Plan selected.

Parent / Guardian

Parent / Guardian

Date

MSF does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies or other school-administered programs.