

Montessori School of Fayetteville
PO Box 40138 Fayetteville, North Carolina 28309
www.fayetteville@embarqmail.com

2010/2011 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 2010/2011 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
chart Number:** _____

Child's Dentist: _____

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

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

If your child has attended a school previously, complete this information and **have your child's records sent to our school promptly.**

Name of school attended: _____ Dates Attended: _____

School address: _____

My child has the following special needs/handicaps: _____

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, 3 days | (8:30 – 11:30) |
| | _____ | Half-Day, 2 days | (8:30 – 11:30) |
| | _____ | Full-Day, 5 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) |
| | _____ | Full-Day | (8:30 – 2:30) |
| | _____ | Kindergarten | (8:30 – 2:30) |
| Elementary | _____ | | (8:30 – 2:45) |

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 2010-2011 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.